FILED EFFECTIVE

No. W 54514	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012	2. Registered Agent and Office (NOT A P.O. BOX) ~~CORPORATION SERVICE COMPANY~~ ~~12550 W EXPLORER DR STE 100~~ ~~BOISE ID 83713 USA~~ Laura Horn 6980 Commerce Loop Post Falls, ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** SLCK COMMERCIAL PROPERTIES LLC LAURA L HORN 6000 E COMMERCE LOOP POST FALLS ID 83854	3. New Registered Agent Signature. Laura Horn
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager [X] Member [ ]	Laura Horn	285 Simonson Rd	Post Falls	ID	USA	83854
Manager [X] Member [ ]	Shannon Horn	285 Simonson Rd	Post Falls	ID	USA	83854
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 54514	Signature: Laura Horn Date: 5/15/13 Name (type or print): Laura Horn Title: Manager

Issued 05/17/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM