

|  |                  |  |       |  |         |                  |  |
|--|------------------|--|-------|--|---------|------------------|--|
| No. <b>W 68590</b>   |                  | <b>Due no later than Nov 30, 2008</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SLINGER'S LLC<br>MIKE SPRINGER<br>12488 W MEDALIST DR<br>BOISE ID 83709 |       | MIKE SPRINGER<br>12488 W MEDALIST DR<br>BOISE ID 83709 |         |                  |  |
|  |                  |  |       | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                  |  |       |  |         |                  |  |
| Office Held  | Name             | Street or PO Address   | City  | State  | Country | Postal Code      |  |
| MEMBER   | BRETT SPRINGER   | 12488 W MEDALIST DR  | BOISE | ID   | USA     | 83709            |  |
| MEMBER   | CLINTON SPRINGER | 12488 W MEDALIST DR  | BOISE | ID   | USA     | 83709            |  |
| MEMBER   | MIKE SPRINGER    | 12488 W MEDALIST DR  | BOISE | ID   | USA     | 83709            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>W 68590</b>  |                  | Signature: Mike Springer   |       |  |         | Date: 12/03/2008 |  |
|  |                  | Name (type or print): Mike Springer  |       |  |         | Title: Officer   |  |
| Processed 12/03/2008   |                  | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |