

No. W 100302	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SLIDE FALLS, LLC PAUL A HOFFMAN 3235 MOUNTAIN VIEW DR BOISE ID 83704		PAUL A HOFFMAN 3235 MOUNTAIN VIEW DR BOISE ID 83704			
			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
MANAGER	PAUL A HOFFMAN	3235 MOUNTAIN VIEW DRIVE	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 100302	6. Annual Report must be signed.* Signature: PAUL HOFFMAN Name (type or print): PAUL HOFFMAN		Date: 12/23/2015 Title: MANAGER			
Processed 12/23/2015		* Electronically provided signatures are accepted as original signatures.				