No. W 29079		Due no later than Mar 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SLKF, LLC LEE ANN HOSTETLER PO BOX 915 LEWISTON ID 83501			PAUL D SCHRETTE 1407 16TH AVE SUITE A LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			following Manhaum Manh					
4. Limited Liability Compai Office Held		mes and Address	ses of at least one Member or Manager. Street or PO Address		Ciby	Ctata	Country	Postal Code
MEMBER MEMBER	Name PAUL D SCHRETTE JOSEPH V LEE		PO BOX 915 PO BOX 915		City LEWISTON LEWISTON	State ID ID	Country	83501 83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 29079		Signature: Paul Schrette Name (type or print): Paul Schrette			Date: 03/04/2016 Title: President			
Processed 03/04/2016	* Electronically provided signatures are accepted as original signatures.							