

|  |                  |   |             |   |         |             |  |
|--|------------------|---|-------------|---|---------|-------------|--|
| No. <b>W 98687</b>   |                  | <b>Due no later than Dec 31, 2015</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>SLAC, LLC<br>SCOTT BIRKINBINE<br>2535 1ST STREET<br>IDAHO FALLS ID 83401             |             | SCOTT BIRKINBINE<br>2535 1ST STREET<br>IDAHO FALLS ID 83401 |         |             |  |
|  |                  |   |             | 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  | SCOTT BIRKINBINE | 2535 1ST STREET   | IDAHO FALLS | ID  | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 98687</b>   |                  | 6. Annual Report must be signed.*<br>Signature: NICHOLAS S ORGILL<br>Name (type or print): NICHOLAS S ORGILL<br>Date: 12/28/2015<br>Title: ACCOUNTANT |             |   |         |             |  |
| Processed 12/28/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |             |   |         |             |  |