| No. W 42163 | | Due no later than Aug 31, 2016 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|---------------------------|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | WILLIAM R | WILLIAM RAWDEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. DESIGN SLATE LLC WILLIAM RAWDEN 2908 S. TEABERRY WAY EAGLE ID 83616-6490 | | EAGLE ID | 2908 S. TEABERRY WAY EAGLE ID 83616-6490 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 WILLIAM RA | | AWDEN | 944 N WOODSTREAM PL | EAGLE | ID | | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: W | | Date: 06/20/2016 | | | | |
| W 42163 | | Name (type o | or print): William Rawden | | Title: Manager | | | |
| Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |