No. W 111105 Return to:		Due no later than Feb 28, 2015 Annual Report Form	2. Registered Age	2. Registered Agent and Address (NO PO BOX) SUE LANDON 6106 N 26 W IDAHO FALLS 83402 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SCHLEY FOX, LLC SUE LANDON 6106 N 26 W IDAHO FALLS ID 83402	IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER SUE L LANDO		OON 6016 N. 26 W.	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Sue Landon Date: 12/17/2014					
W 111105		Name (type or print): Sue Landon	Title: Managing Member				
Processed 12/17/2014 * Electronically provided signatures are accepted as original signatures.							