No. W 98902 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-9080	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012  1. Mailing Address: Correct in this box if needed. SLH, LLC MICHAEL LOWER 540 WEST ONEIDA PRESTON ID 83263	2. Registared Agent and Office (NOT A P.O. BOX) MICHAEL LOWER 540 WEST ONEIDA PRESTON ID 83263
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Lizibility Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address. City State Country Postal Code  Manager   Member   Michael Lower 155, 3 d. f. Prostain ID USH 83363  Manager   Member   Bryant Stulson 195 5 3005; Smithfield, UT USH 84335  Manager   Member   Tony Hollingworth 4437 E. 6005.  Manager   Member   Tony Hollingworth 4437 E. 6005.		
5. Organized Under the Lan IDAHO W 98902	Name (type or print):  Bryant Shulsen	Dete:  6-1-12  Title:  Member
ISSUED 05/01/2012 by KAH  TRICTELECTIONS FOR THE TRANS ARRAIG DEPORT FORM		

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

block 1: Builty name may not be elbared through the use of this form. Pay special attention to the melling eddress. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Nature To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Mamber or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Black 5: May not be altered through the use of this form.

Black 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the interset once it has been filed. DO NOT cater Social Security numbers.

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.scs.klaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no control the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.