

No. <b>W 95173</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SLS2, LLC CRAE BERRETT 2891 SHELLY PLACE POCATELLO ID 83201		CRAE BERRETT 2891 SHELLY PLACE POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CRAE BERRETT	Street or PO Address 2891 SHELLY PLACE		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 95173</b>		6. Annual Report must be signed.*  Signature: Crae Berrett Name (type or print): Crae Berrett  Date: 06/01/2014 Title: Manager					
Processed 06/01/2014 * Electronically provided signatures are accepted as original signatures.							