

No. W 95173		Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SLS2, LLC CRAE BERRETT 2891 SHELLY PLACE POCATELLO ID 83201		CRAE BERRETT 2891 SHELLY PLACE POCATELLO ID 83201			
				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	CRAE BERRETT	2891 SHELLY PLACE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 95173		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.					