No. <b>W 28398</b>		Due no later than Feb 28, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		STEVEN R PARRY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SOUTHSIDE ASSOCIATES OF IDAHO FALLS LLC  NADENE JENKINS  PO BOX 160711  CLEARFIELD UT 84016-0711			490 MEMORIAL DR IDAHO FALLS ID 83405  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	oanies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	NADENE JEN	IKINS	1941 W TRAILSIDE DR.		SYRACUSE	UT	USA	84075
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 28398		Signature: NaDene Jenkins			Date: 03/05/2009			
		Name (type or print): NaDene Jenkins			Title: Manager			
Processed 03/05/2009 * Electronically provided signatures are accepted as original signatures.								