

No. W 105521		Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUNNYSIDE DERMAL PROPERTIES, LLC PAULA PARSONS 708 SUPERIOR ST SANDPOINT ID 83864		PAULA PARSONS 708 SUPERIOR ST SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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 CHARLENE DEHAVEN	Street or PO Address 708 SUPERIOR ST		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of: ID W 105521		6. Annual Report must be signed.* Signature: Paula Parsons Name (type or print): Paula Parsons Date: 06/28/2017 Title: Agent					
Processed 06/28/2017 * Electronically provided signatures are accepted as original signatures.							