

No. <b>W 30514</b>	<b>Due no later than May 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  SONRISA LLC 106 WASHINGTON AVE SALMON, ID 83467		PAT CULLEN 106 WASHINGTON AVE SALMON, ID 83467  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Pat Cullen</td> <td>106 Washington Ave</td> <td>Salmon</td> <td>Id</td> <td>83642</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Pat Cullen	106 Washington Ave	Salmon	Id	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Pat Cullen	106 Washington Ave	Salmon	Id	83642											
5. Organized Under the Laws of:  IDAHO W 30514		6. Signature <u>Pat Cullen</u> Date <u>4-20-05</u> Name <small>(Type or Print)</small> <u>Pat Cullen</u> Title <u>Manager</u>														

Issued 03/01/2005

Do Not Tape or Staple

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