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| No. C 178031 | | Due no later than Apr 30, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SUNNYSIDE PLAZA OWNERS ASSOCIATION, INC. TOM ARAVE 2523 E SUNNYSIDE IDAHO FALLS ID 83406 | | TOM ARAVE 1395 NW MAIN ST BLACKFOOT ID 83221 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | TOM J ARAVE | 2523 E SUNNYSIDE | IDAHO FALLS | ID | USA | 83406 | |
| 5. Organized Under the Laws of: ID C 178031 | | 6. Annual Report must be signed.* Signature: Tom Arave Name (type or print): Tom Arave | | | | | |
| Processed 02/13/2009 | | Date: 02/13/2009 Title: Owner * Electronically provided signatures are accepted as original signatures. | | | | | |