No. **W 45741**	**Due no later than Dec 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SUNNYSIDE ENTERPRISES PLAZA, LLC THOMAS J ARAVE 376 N 200 E BLACKFOOT ID 83221	THOMAS J ARAVE 376 N 200 E BLACKFOOT ID 83221 3. New 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	THOMAS J ARAVE	376 NORTH 200 EAST	BLACKFOOT	ID		83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 45741**	Signature: Thomas Arave	Date: 11/02/2017
	Name (type or print): Thomas Arave	Title: Manager

Processed 11/02/2017

* Electronically provided signatures are accepted as original signatures.