No. W 96377		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JEFFREY M CHRISTENSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUNDANCER SOLUTIONS LLC KIMBERLY S CHRISTENSEN PO BOX 977 HAYDEN ID 83835		2830 E POINT HAYDEN DRIVE HAYDEN ID 83835 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	mes and Addresses o	f at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	JEFFREY M	CHRISTENSEN	2629 E HAYDEN VIEW DRIVE	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 96377		Signature: Kimbe	Date: 09/29/2014				
		Name (type or pr	Title: CFO				
Processed 09/29/2014 * Electronically provided signatures are accepted as original signatures.							