

No. W 5574	Due no later than Feb 28, 2018 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. RENCHE/SUNDOWN, LLC PO BOX 50983 IDAHO FALLS ID 83405		TAMLA RENCHER 836 N SKYLINE DR IDAHO FALLS ID 83402			
			3. <u>New</u> 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	TAMLA RENCHER	836 N SKYLINE DR	IDAHO FALLS	ID		83402
MEMBER	TAMLA RENCHER FAMILY LIMITED PARTNERSHIP	PO BOX 50983	IDAHO FALLS	ID	USA	83405
5. Organized Under the Laws of: ID W 5574	6. Annual Report must be signed.* Signature: tamla rencher Name (type or print): tamla rencher		Date: 02/07/2018 Title: manager			
Processed 02/07/2018		* Electronically provided signatures are accepted as original signatures.				