

No. W 45741

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SUNNYSIDE ENTERPRISES PLAZA, LLC
380 N 200 E
BLACKFOOT, ID 83221

THOMAS J ARAVE
380 N 200 E
BLACKFOOT, ID 83221

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	THOMAS ARAVE	376 N. 200 E.	BLACKFOOT	ID	83221

5. Organized Under the Laws of:

IDAHO
W 45741

6.

Signature

Thomas Arave

Date

10/12/08

Name

(Typed or
Printed)

THOMAS ARAVE

Title

MANAGER