No. W 105603 Return to:		Due no later than Aug 31, 2014 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) SEPTEMBER MYRES				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUNDANCE-PORTAGE, LLC SEPTEMBER MYRES 420 S 4TH AVE POCATELLO ID 83201			420 S 4TH AVE POCATELLO ID 83201 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
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	SEPTEMBER	MYRES	420 S. 4TH AVE.		POCATELLO	ID	USA	83201-6404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Randi Thomson			Date: 06/12/2014				
W 105603		Name (type or print): Randi Thomson			Title: Office Manager				
Processed 06/12/2014 * Electronically provided signatures are accepted as original signatures.									