


FILED

No. W 124827	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SUNSHINE APP LLC CHRISTOPHER ROSE 6136 CLINTON ST 6138 Clinton St. BOISE ID 83704 Boise, ID 83704		CHRISTOPHER ROSE c/o Rosed 6136 CLINTON ST Associates, BOISE ID 83704 6138 Clinton St. Boise ID 83704																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Christopher Rose</td> <td>6136 Clinton St</td> <td>Boise</td> <td>ID</td> <td></td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Patrick Pfeifer</td> <td>6138 Clinton St.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Christopher Rose	6136 Clinton St	Boise	ID		83704	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patrick Pfeifer	6138 Clinton St.	Boise	ID		83704	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.	
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5. Organized Under the Laws of: IDAHO W 124827		6. Signature: <u></u> Name (type or print): <u>Christopher Rose</u> Date: <u>8/5/15</u> Title: <u>Managing Partner</u>																																				
Issued 08/05/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the**