

<b>No. W 99254</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/09/2012</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ONOFRE PONCE 590 LAKEWOOD AVE IDAHO FALLS ID 83401																																				
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> SUNRISE PROPERTIES B LLC 590 LAKEWOOD AVE IDAHO FALLS ID 83401																																						
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				<b>3. New Registered Agent Signature.</b>																																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																								
<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>Martha Ponce</td><td>590 Lakewood Ave</td><td>IF</td><td>ID</td><td>USA</td><td>83401</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><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"/>	Martha Ponce	590 Lakewood Ave	IF	ID	USA	83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 99254</b>		<b>6.</b> <table border="1"><tr><td><b>Signature:</b> <u>Martha T Ponce</u></td><td><b>Date:</b> <u>3/25/13</u></td></tr><tr><td><b>Name (type or print):</b> <u>Martha Ponce</u></td><td><b>Title:</b> <u>Manager</u></td></tr></table>				<b>Signature:</b> <u>Martha T Ponce</u>	<b>Date:</b> <u>3/25/13</u>	<b>Name (type or print):</b> <u>Martha Ponce</u>	<b>Title:</b> <u>Manager</u>																															
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**