No. W 28398		Due no later than Feb 28, 2014		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			STEVEN R PARRY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHSIDE ASSOCIATES OF IDAHO FALLS LLC J. NADENE JENKINS 3839 S AMERICAN WAY IDAHO FALLS ID 83402			490 MEMORIAL DR IDAHO FALLS ID 83405 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER J. NADENE JE		ENKINS	P O BOX 1001		LAYTON	UT	USA	84041-1001
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 28398		Signature: J. NaDene Jenkins Date: 02/05/2014						
		Name (type or print): J. NaDene Jenkins			Title: Manager			
Processed 02/05/2014 * Electronically provided signatures are accepted as original signatures.								