No. <b>W 53543</b>		Due no later than Aug 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DOUGLAS M SCISM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CIRCLE S VENTURES, LLC  DOUGLAS M. SCISM  PO BOX 44  COUNCIL ID 83612		FRUTIVALE	2679 FRUITVALE GLENDALE RD FRUTIVALE ID 83612  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SUNSHINE VE		ENTURES LP	PO BOX 44	COUNCIL	ID	USA	83612	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dou	Dat	Date: 09/08/2015				
W 53543		Name (type or print): Douglas M. Scism		Titl	Title: Registered Agent			
Processed 09/08/2015 * Electronically provided signatures are accepted as original signatures.								