No. **W 43801**	**Due no later than Oct 31, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SUNRISE PLUS L3 B2, LLC RONALD L MILLER 1556 CITY CREEK RD POCATELLO ID 83204	RONALD L MILLER 422 E CLARK ST STE A POCATELLO ID 83201 3. New Registered Agent Signature:*

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	RONALD L MILLER	1556 CITY CREEK RD	POCATELLO	ID	USA	83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 43801**	Signature: Ron Miller	Date: 10/29/2008
	Name (type or print): Ron Miller	Title: Manager

Processed 10/29/2008

* Electronically provided signatures are accepted as original signatures.