No. W 53543	Du	Due no later than Aug 31, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. CIRCLE S VENTURES, LLC DOUGLAS M SCISM PO BOX 44 COUNCIL ID 83612		DOUGLAS M SCISM 2679 FRUITVALE GLENDALE RD FRUITVALE ID 83620 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CIRCLE S VEN DOUGLAS M PO BOX 44						
NO FILING FEE IF RECEIVED BY DUE DATI	.						
4. Limited Liability Companies: E	inter Names and Addresse	es of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
MEMBER SUNSHINE VENTURES LP		PO BOX 44	COUNCIL	ID	USA	83612	
5. Organized Under the Laws of: 6. Annual Re		t must be signed.*					
ID	Signature: Do	Signature: Douglas M. Scism		Date: 06/22/2007			
W 53543	Name (type o	Name (type or print): Douglas M. Scism		Title: General Manager			
Processed 06/22/2007	* Electronically p	* Electronically provided signatures are accepted as original signatures.					