No. W 99256		Due no later than Jan 31, 2016		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed.		ed.	ONOFRE PONCE 590 LAKEWOOD AVE			
		SUNRISE PROPERTIES D LLC MARTHA PONCE 590 LAKEWOOD AVE IDAHO FALLS ID 83401			IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	panies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MARTHA PO	ONCE	590 LAKEWOOD AVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 99256		Signature: Martha Ponce			Date: 12/08/2015			
		Name (type or print): Martha Ponce			Title: Manager			
Processed 12/08/2015 * Electronically provided signatures are accepted as original signatures.								