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|--|-----------------|--|-------|---|---------|-------------|--|
| No. W 148229 | | Due no later than Feb 29, 2016 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 | | 1. Mailing Address: Correct in this box if needed. SUNBEARER LLC CHALLIS SANDERS 10400 W OVERLAND RD #227 BOISE ID 83709 | | CHALLIS SANDERS 10072 HARVESTER DR BOISE ID 83709 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> 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 | |
| MEMBER | CHALLIS SANDERS | 10072 HARVESTER DR | BOISE | ID | USA | 83709 | |
| 5. Organized Under the Laws of: ID W 148229 | | 6. Annual Report must be signed.* Signature: Challis Sanders Name (type or print): Challis Sanders Date: 03/09/2016 Title: Officer | | | | | |
| Processed 03/09/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |