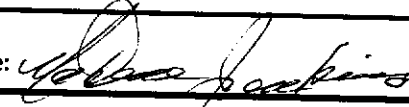
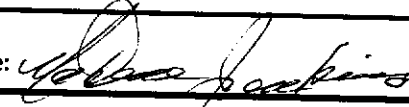
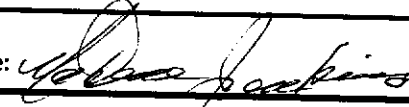


No. W 28398 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Feb 28, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHSIDE ASSOCIATES OF IDAHO FALLS LLC NADENE JENKINS 578 N 2900 W WEST POINT UT 84015-8598 USA	2. Registered Agent and Office (NOT A P.O. BOX) STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS ID 83405 3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Manager/Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>NADENE JENKINS</td> <td>578 N 2900 W</td> <td>West Point</td> <td>UT</td> <td>USA</td> <td>84015</td> </tr> </tbody> </table>			Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager	NADENE JENKINS	578 N 2900 W	West Point	UT	USA	84015
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Manager	NADENE JENKINS	578 N 2900 W	West Point	UT	USA	84015										
5. Organized Under the Laws of: IDAHO W 28398	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 12-30-10</td> </tr> <tr> <td>Name (type or print): NADENE JENKINS</td> <td>Title: MANAGER</td> </tr> </table>		Signature: 	Date: 12-30-10	Name (type or print): NADENE JENKINS	Title: MANAGER										
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Issued 12/13/2010 by KAH																

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: Registered agent or office. strike the incorrect information and write in the correct information. **Note:** The office of the