

INSTRUCTIONS ON REVERSE SIDE

220-02 31-44-1872

No. 575	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX											
Return To:	Due No Later Than November 30, 1995		GREGORY DEFFE 507 S MAIN STE B											
Secretary of State 700 W. Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct if Not Correct													
	SUN SUMMIT SOUTH, L.L.C. GREGORY DEFFE PO BOX 4424 KETCHUM ID 83340		HAILEY ID 83333 3. Organized Under The Laws of ID NO: 575											
4. Names and Addresses of ☒ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Susan Deffe</td> <td>Box 4424</td> <td>Ketchum,</td> <td>Idaho</td> <td>83340</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	Susan Deffe	Box 4424	Ketchum,	Idaho	83340
Name	Street or P.O. Address	City	State	Zip										
Susan Deffe	Box 4424	Ketchum,	Idaho	83340										
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Susan E. Deffe</u> Date <u>7-24-95</u> Name (Typed or Printed) <u>Susan E. Deffe</u>												