

|  |                 |   |           |   |         |             |  |
|--|-----------------|---|-----------|---|---------|-------------|--|
| No. <b>W 149319</b>  |                 | <b>Due no later than Mar 31, 2016</b>   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SUNDANCE-EA PARTNERS, LLC<br>SEPTEMBER MYRES<br>305 N 3RD AVE STE B<br>POCATELLO ID 83201<br>USA |           | SEPTEMBER MYRES<br>305 N 3RD AVE STE B<br>POCATELLO ID 83201-8320 |         |             |  |
|  |                 |   |           | 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 |  |
| MANAGER  | SEPTEMBER MYRES | 305 N. 3RD, SUITE B   | POCATELLO | ID  | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 149319</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Taylor Van Demarr<br>Name (type or print): Taylor Van Demarr<br>Date: 01/20/2016<br>Title: Office Administrator   |           |   |         |             |  |
| Processed 01/20/2016   |                 | * Electronically provided signatures are accepted as original signatures.   |           |   |         |             |  |