

|                                                                                                                                                        |             |                                                                                                                                                     |             |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 47727</b>                                                                                                                                     |             | <b>Due no later than Feb 29, 2008</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>SUNSET RIDGE ESTATES, LLC<br>TYLER JONES<br>329 S WOODRUFF<br>IDAHO FALLS ID 83401 |             | TYLER JONES<br>380 N CAPITAL<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                     |             | 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                                                                                                                                                | TYLER JONES | 380 N CAPITAL                                                                                                                                       | IDAHO FALLS | ID                                                   | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 47727</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Tyler Jones<br>Name (type or print): Tyler Jones<br>Date: 12/21/2007<br>Title: Manager              |             |                                                      |         |             |  |
| Processed 12/21/2007                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                           |             |                                                      |         |             |  |