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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 41937</b>                                                                                                                                     |                | <b>Due no later than Aug 31, 2013</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>Annual Report Form</b>                                                                                                                               |           | MARK E COLLARD<br>198 W BRIDGE ST<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>SUNSTONE GROUP LLC (THE)<br>MARK E COLLARD<br>198 W BRIDGE ST<br>BLACKFOOT ID 83221<br>USA |           | 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                                                                                                                                                | MARK E COLLARD | 1162 YORK DR                                                                                                                                            | BLACKFOOT | ID                                                      | USA     | 83221       |  |
| MANAGER                                                                                                                                                | LONNY WALKER   | 343 N SHILLING                                                                                                                                          | BLACKFOOT | ID                                                      | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 41937</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Mark Collard<br>Name (type or print): Mark Collard<br>Date: 06/25/2013<br>Title: Manager                |           |                                                         |         |             |  |
| Processed 06/25/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                               |           |                                                         |         |             |  |