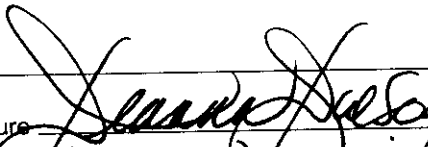


No. W 4393	Due no later than Jul 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SUNRIDGE DEVELOPMENT, L.L.C. DEANNA DALSOGLIO 4122 N. CREEKVIEW DRIVE TWIN FALLS, ID 83301 9249		DEANNA DALSOGLIO 4122 N. CREEKVIEW DRIVE TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>DEANNA DALSOGLIO</td> <td>4122 N. CREEKVIEW</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	DEANNA DALSOGLIO	4122 N. CREEKVIEW	TWIN FALLS	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGER	DEANNA DALSOGLIO	4122 N. CREEKVIEW	TWIN FALLS	ID	83301										
5. Organized Under the Laws of: IDAHO W 4393	6. Signature:  Name: (Type or Print) DEANNA DALSOGLIO Title: Manager Date: 8-14-01 XXXX														