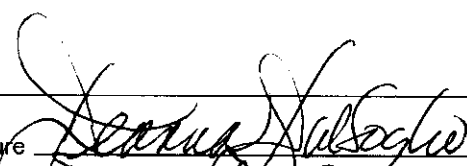


No. W 4393	Due no later than Jul 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable SUNRIDGE DEVELOPMENT, L.L.C. 4122 N. CREEKVIEW DRIVE TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		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  Date <u>6-8-00</u> Name (Typed or Printed) <u>DEANNA DALSOGLIO</u> Time <u>12:00 NOON</u>													

Issued 05/10/2000

Do Not Tape or Staple

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