No. **W 105603**	**Due no later than Aug 31, 2013**	2. Registered Agent and Address **(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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SUNDANCE-PORTAGE, LLC 420 S 4TH AVE POCATELLO ID 83201	SEPTEMBER MYRES 420 S 4TH AVE POCATELLO ID 83201 3. New 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	420 S. 4TH AVE.	POCATELLO	ID	USA	83201-6404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 105603**	Signature: Randi Thomson	Date: 09/18/2013
	Name (type or print): Randi Thomson	Title: Administrative Assistant

Processed 09/18/2013

* Electronically provided signatures are accepted as original signatures.