

No. W 45741	Due no later than Dec 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. SUNNYSIDE ENTERPRISES PLAZA, LLC THOMAS J ARAVE 376 N 200 E BLACKFOOT ID 83221		THOMAS J ARAVE 376 N 200 E BLACKFOOT ID 83221			
			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	THOMAS J ARAVE	380 N 200 E	BLACKFOOT	ID		83221
5. Organized Under the Laws of: ID W 45741	6. Annual Report must be signed.* Signature: Thomas J Arave Name (type or print): Thomas J Arave		Date: 11/04/2015 Title: Manager			
Processed 11/04/2015		* Electronically provided signatures are accepted as original signatures.				