

No. W 30514	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2007		2. Registered Agent and Office (NOT A P.O. BOX) PAT CULLEN 106 WASHINGTON AVE SALMON ID 83467 <i>Morris Porter</i> 116 E Fairview Ave MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SONRISA LLC 106 WASHINGTON AVE SALMON ID 83467 <i>116 E. Fairview Ave</i> <i>MERIDIAN ID 83642</i>		3. New Registered Agent Signature <i>Morris Porter</i>
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>M Terry Porter 104 E Fairview #104, Meridian ID, 83642</i>		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>RHONDA BARKER 104 E Fairview #104 Meridian ID 83642</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 30514 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <i>Rhonda J Barker</i> Name (type or print): <u><i>RHONDA J. BARKER</i></u> </div> <div> Date: <i>8/30/13</i> Title: <u><i>member</i></u> </div> </div>	

Issued 08/07/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM