No. W 99256		Due no later than Jan 31, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ONOFRE PONCE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUNRISE PROPERTIES D LLC MARTHA PONCE 590 LAKEWOOD AVE IDAHO FALLS ID 83401			590 LAKEWOOD AVE IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	GER MARTHA PONCE		590 LAKEWOOD AVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 99256		Signature: Martha Ponce			Date: 01/18/2014			
		Name (type or print): Martha Ponce			Title: Manager			
Processed 01/18/2014 * Electronically provided signatures are accepted as original signatures.								