No. W 4818	De	ue no later than Oct 31, 2017	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TERESA SHANDS			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing A	1. Mailing Address: Correct in this box if needed. SUNNY SLOPES, LIMITED LIABILITY COMPANY TERESA SHANDS 2011 JAMES CROWE DR HAYDEN ID 83835		2011 JAMES CROWE DR HAYDEN ID 83835			
PO BOX 83720 BOISE, ID 83720-0080	TERESA SHA						
	HAYDEN ID			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRIST	INE A LIGHTY	3640 N SCOTCH PINE LN #4	COEUR D'ALENE	ID		83814	
MANAGER TERESA	A SHANDS	2011 JAMES CROWE DR #4	HAYDEN	ID		83835	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	ID Signature: Teresa Shands		Date: 09/04/2017				
W 4818	Name (type o	Name (type or print): Teresa Shands		Title: Manager			
Processed 09/04/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					