W 105521

No. W 105521	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SUNNYSIDE DERMAL PROPERTIES, LLC PAULA PARSONS 708 SUPERIOR ST SANDPOINT ID 83864	PAULA PARSONS 708 SUPERIOR ST SANDPOINT ID 83864
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

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 ☐ Member ☒	Charlene Dehaven	2902 N Willow Rd	Spokane Valley	WA	USA	99206
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 105521	Signature: [signature] Date: 8/25/15 Name (type or print): CHARLENE DEHAVEN Title: MEMBER

Issued 08/25/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM