

No. <b>W 58183</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SUN GROUP, LLC SHELLY R YOUNT PO BOX 568 BONNERS FERRY ID 83805		TIMOTHY B WILSON 6412 KOOTENAI ST BONNERS FERRY ID 83805			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	SHELLY YOUNT	6653 CHIPPEWA DR	BONNERS FERRY	ID	83805		
MANAGER	JACK YOUNT	6653 CHIPPEWA DR	BONNERS FERRY	ID	83805		
5. Organized Under the Laws of:  <b>ID</b> <b>W 58183</b>		6. Annual Report must be signed.*  Signature: Shelly Yount Name (type or print): Shelly Yount					
		Date: 12/14/2015 Title: manager					
Processed 12/14/2015		* Electronically provided signatures are accepted as original signatures.					