No. W 143731		Due no later than Oct 31, 2016 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:					ROBIN D WELLS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUNSET BUTTE, LLC ROBIN D WELLS 3219 E 3600 N KIMBERLY ID 83341		KIMBERLY ID	3219 E 3600 N KIMBERLY ID 83341 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER GEORGIA C WELLS MEMBER F DAVID WELLS MANAGER VIVIAN R WELLS		208 B STREET PO BOX 45 208 B STREET PO BOX 45 3219 E 3600 N	ENDICOTT ENDICOTT KIMBERLY	WA WA ID	USA USA USA	99125-0045 99125-0045 83341-5339		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Vivian R Wells		Date: 09/07/2016				
W 143731		Name (type or print): Vivian R Wells		Title:	Title: Member/Manager			
Processed 09/07/2016 * Electronically provided signatures are accepted as original signatures.								