No.			Due no later than 10/31/2009		2. Registered Age (NO PO BOX)	2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE			Annual Report Form			GERALD H LEWIS 730 BOTTLE BAY RD	
	450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SAMBUCCA SUMMIT, LLC PO BOX 33 SANDPOINT ID 83864		SAGLE ID 83860 3. New Registered Agent Signature:		
RE							
	nited Liability Co ce Held	ompanies: Ente Name	er Names and Address	ses of at least one Member or Man Street or PO Address		State Zip	
***********			Hlears	P.O.B. 33	SAND ANT N	c, Id. 83864	
V-1	May	Part	the Louis	CC	r	پ و کو	
· <u>-</u>			·				
5. Organized Under the Laws of: ID W 4773		6. Annual Report must be signed. Signature:			Date: /0/3/89		
			Name(type or print):	Gentle He Lew,		Title:	
Issu	Issued 10/30/2009 by NLB					200910004297	