

No. <b>W 45741</b>		<b>Due no later than Dec 31, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		THOMAS J ARAVE 380 N 200 E BLACKFOOT ID 83221			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		SUNNYSIDE ENTERPRISES PLAZA, LLC TARA CHRISTENSEN 380 N 200 E BLACKFOOT ID 83221					
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	THOMAS J ARAVE	380 N 200 E	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 45741</b>		Signature: Tom Arave			Date: 10/11/2010		
		Name (type or print): Tom Arave			Title: Manager		
Processed 10/11/2010		* Electronically provided signatures are accepted as original signatures.					