No. W 4058		Due no later than May 31, 2007		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. GOLDEN HEALTH LLC 104 E FAIRVIEW PMB 104 MERIDIAN ID 83642]	WOODROW DUNLAP 550 MILNER BURLEY ID 83318 3. New Registered Agent Signature:*			
Limited Liability Comp Office Held	panies: Enter Nai Name	mes and Addresse	s of at least one Member or Manager. Street or PO Address	C	ity	State	Country	Postal Code
MANAGER	IANAGER DANIEL R ED		2070 N SCIOTO PL		IERIDIAN	ID	USA	83646
5. Organized Under the Laws of: IDAHO W 4058		6. Annual Report must be signed.* Signature: Daniel R Edwards Name (type or print): Daniel R Edwards			Date: 03/08/2007 Title: Manager			
Processed 03/08/2007		* Electronically provided signatures are accepted as original signatures.						