

No. W 26718

Due no later than November 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SONSHINE FAMILY HEALTH CLINIC, LLC
2308 N COLE RD STE H
BOISE, ID 83704

TAMARA F BETHEL
8700 W ATWATER
GARDEN CITY, ID 83714
NOTARY PUBLIC

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Tamara F. Bethel	8700 W. Atwater	GARDEN CITY	ID	83714

5. Organized Under the Laws of:

IDAHO
W 26718

6.

Signature

Tamara F. Bethel

Date

9/15/2008

Name

(Typed or Printed)

TAMARA F. BETHEL

Title

member

Issued 09/02/2008

Do Not Tape or Staple

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