| No. <b>W 64465</b>   |      | Due no later than Jul 31, 2009   |                                | 2. Registered         | 2. Registered Agent and Address (NO PO BOX)   |          |             |  |
|--|------|--|--------------------------------|-----------------------|---|----------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  WORLD HEALTH L.L.C. SUNSHINE LLC 5120 W OVERLAND STE C211 BOISE ID 83705 |                                | 5120 W OV<br>BOISE ID | SUNSHINE LLC 5120 W OVERLAND STE C211 BOISE ID 83705  3. New Registered Agent Signature:* |          |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |      | mes and Addresses of   | at least one Member or Manager |                       |   |          |             |  |
| Office Held  | Name | nes and Addresses of a   | Street or PO Address           | City                  | State   | Country  | Postal Code |  |
| MANAGER DAVID DEHA   |      | AS   | 5120 W OVERLAND STE C211       | BOISE                 | ID  | USA      | 83705       |  |
| 5. Organized Under the Laws of:  ID  W 64465   |      | 6. Annual Report must be signed.* Signature: David DeHaas Name (type or print): David DeHaas   |                                |                       | Date: 05/27/2009<br>Title: Manager  |          |             |  |
| Processed 05/27/2009 * Electronically provided signatures are accepted as original signatures. |      |  |                                |                       |   | <u> </u> |             |  |