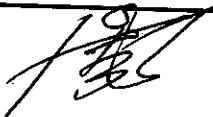


No. <b>W 91228</b>	Due no later than Mar 31, 2013 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SOO SEONG OH 1001 N SPOKANE ST POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SUN LIGHT ACCUPUNCTURE & HERB CLINIC, LLC <del>1001 N SPOKANE ST</del> <del>POST FALLS ID 83854</del> 1118 N 4th St COEUR D'ALENE ID 83814		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <b>Soo Seong Oh</b> 1118 N. 4th St.      Coeur d'Alene, ID      Kootenai      83814			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;">             IDAHO              W 91228           </div>		6. Signature:  <hr/> Name (type or print): <b>Soo Seong Oh</b> <div style="text-align: right;">           Date: <b>Feb-04-2013</b>            Title: <b>Manager</b> </div>	
Issued 01/18/2013 by LJC		122302	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM