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|--|--------------|---|-------|--|---------|-------------|--|
| No. W 64465 | | Due no later than Jul 31, 2012 | | 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. WORLD HEALTH L.L.C. SUNSHINE LLC 5120 W OVERLAND STE C211 BOISE ID 83705 | | SUNSHINE LLC 5120 W OVERLAND STE C211 BOISE ID 83705 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature: * | | | |
| 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 | DAVID DEHAAS | 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: 05/31/2012 Title: Manager | | | | | |
| Processed 05/31/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |