| No. <b>C 177618</b> Return to:  |                                    | Due no later than Mar 31, 2010<br>Annual Report Form  |                                  |     | Registered Agent and Address (NO PO BOX)     TRICIA A CALLIES      |          |            |                |
|---|------------------------------------|---|----------------------------------|-----|--|----------|------------|----------------|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  |                                    | 1. Mailing Address: Correct in this box if needed.  SONSHINE LIVING, INC.  TRICIA CALLIES  1715 W BANNOCK  BOISE ID 83702 |                                  | ed. | 1715 W BANNOCK BOISE ID 83702  3. New Registered Agent Signature:* |          |            |                |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |                                    |   |                                  |     |  |          |            |                |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |                                    |   |                                  |     |  |          |            |                |
| Office Held Nam   | ne                                 |   | Street or PO Address             |     | City   | State    | Country    | Postal Code    |
|   | RANDAL CALLIES<br>TRICIA A CALLIES |   | 1715 W BANNOCK<br>1715 W BANNOCK |     | BOISE<br>BOISE   | ID<br>ID | USA<br>USA | 83702<br>83702 |
| 5. Organized Under the Laws of:   |                                    | 6. Annual Report must be signed.*   |                                  |     |  |          |            |                |
| ID  |                                    | Signature: Tricia Callies   |                                  |     | Date: 01/18/2010   |          |            |                |
| C 177618  |                                    | Name (type or print): Tricia Callies  |                                  |     | Title: Agent   |          |            |                |
| Processed 01/18/2010  |                                    | * Electronically provided signatures are accepted as original signatures.   |                                  |     |  |          |            |                |