

No. W 26718	Due no later than Nov 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. SONSHINE FAMILY HEALTH CLINIC, LLC TAMARA F BETHEL 2308 N COLE RD STE H BOISE ID 83704		TAMARA F BETHEL 8700 W ATWATER GARDENCITY ID 83714			
			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
MEMBER	TAMARA F BETHEL	8700 W ATWATER	BOISE	ID		83714
5. Organized Under the Laws of: ID W 26718		6. Annual Report must be signed.* Signature: TAMARA F BETHEL Name (type or print): TAMARA F BETHEL Date: 09/22/2017 Title: MEMBER				
Processed 09/22/2017		* Electronically provided signatures are accepted as original signatures.				