

No. W 26718	Due no later than November 30, 2007		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable SONSHINE FAMILY HEALTH CLINIC, LLC 2308 N COLE RD STE H BOISE, ID 83704		TAMARA F BETHEL 8700 W ATWATER → 8700 W. ATWATER GARDENCITY, ID 03714	
				3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	TAMARA F. BETHEL	8700 W. ATWATER	GARDEN CITY	ID	83714
5. Organized Under the Laws of: IDAHO W 26718		6. Signature <i>Tamara F. Bethel</i>		Date <i>9/11/2007</i>	
		Name <small>(Typed or Printed)</small> <i>TAMARA F. BETHEL</i>		Title <i>MEMBER</i>	

Issued 09/04/2007

Do Not Tape or Staple

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