


No. W 26718	Due no later than November 30, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable		SANDY DALTON 736 HIGH POINT LANE BOISE, ID 83712 3. <u>New</u> Registered Agent Signature													
	SONSHINE FAMILY HEALTH CLINIC, LLC 736 HIGH POINT LANE BOISE, ID 83712															
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Sandy Dalton</td> <td style="text-align: center;">736 High Point Lane</td> <td style="text-align: center;">Boise</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83712</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Sandy Dalton	736 High Point Lane	Boise	ID	83712
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
	Sandy Dalton	736 High Point Lane	Boise	ID	83712											
5. Organized Under the Laws of: IDAHO W 26718		6. Signature  Date <u>10/31/04</u> Name <small>(Type or Print)</small> <u>Sandy Dalton</u> Title <u>Member</u>														