

No. <b>W 138480</b>		Due no later than May 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  JJ MEDICAL DISTRIBUTING LLC JUSTIN D Johnson 5071 CHEROKEE POCATELLO ID 83204 USA		JUSTIN JOHNSON 5071 CHEROKEE POCATELLO 83204-8320			
				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	LORI C JOHNSON	5071 CHEROKEE ST	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:  <b>ID W 138480</b>		6. Annual Report must be signed.* Signature: Justin D Johnson Name (type or print): Justin D Johnson				Date: 04/01/2015 Title: Manager	
Processed 04/01/2015		* Electronically provided signatures are accepted as original signatures.					