

No. W 107329		Due no later than Oct 31, 2018		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. LUKE'S FAMILY PHARMACY LIMITED LIABILITY COMPANY LUCAS R SNELL 101 S. MAIN ST. HAILEY ID 83333		LUCAS R SNELL 1920 LAURELWOOD DR HAILEY ID 83333-8333			
				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	
MANAGER	LUCAS SNELL	1920 LAURELWOOD DR.	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 107329		Signature: Lucas Snell				Date: 08/30/2018	
		Name (type or print): Lucas Snell				Title: Manager	
Processed 08/30/2018		* Electronically provided signatures are accepted as original signatures.					