

|  |                           |   |  |   |             |                |                      |
|--|---------------------------|---|--|---|-------------|----------------|----------------------|
| No. <b>W 88662</b>   |                           | <b>Due no later than Dec 31, 2011</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )        |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                           | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CUSTOM RX, LLC<br>TRAVIS L. WALTHALL<br>P.O BOX 246<br>173 W. 4TH STREET<br>KUNA ID 83634<br>USA |  | MIKE HALL<br>660 E FRANKLIN RD STE 220<br>MERIDIAN ID 83642 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                           |   |  | 3. <u>New</u> Registered Agent Signature:*                  |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                           |   |  |   |             |                |                      |
| Office Held<br>MANAGER   | Name<br>TRAVIS L WALTHALL | Street or PO Address<br>1207 W. KIMRA   |  | City<br>MERIDIAN  | State<br>ID | Country<br>USA | Postal Code<br>83642 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 88662</b>                                 |                           | 6. Annual Report must be signed.*<br><br>Signature: Travis Walthall<br>Name (type or print): Travis Walthall<br><br>Date: 10/30/2011<br>Title: Managing Member    |  |   |             |                |                      |
| Processed 10/30/2011 * Electronically provided signatures are accepted as original signatures.     |                           |   |  |   |             |                |                      |