	Due no later than June 30, 2004	2. Registered Agent and Office NO PO BOX
No. W 15587 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form 1. Mailing Address - Correct in this box, if applicable MANAGED PHARMACEUTICAL SERVICES, LL 2104 SILVER CREEK LN	JAN POREBA 2104 SILVER CREEK LN BOISE, ID 83706
BOISE, ID 83720-0080	BOISE, ID 83706	3. New Registered Agent Signature
NO FILING FEE IF		
PECEIVED BY DUE DATE		
4 Limited Liability Comp	panies: Enter Names and Addresses of Members.	Ch-to Zin
Office held Name	Street or P.O. Address Orr ba 21045, lury (re	ty State
	(Der ba 2104 Silver (re	iell come Doist -
resident 20	AM Clore	83706
		-
The Lands I am of	6 0 0	110/14
5. Organized Under the Laws of:	6. Signature Jan (Preb	Date 4/8/04
IDAHO	Signature Jan (Yneso	
	Signature Jan (Vaco	Date 4/8/04 Cba Title President