

No. W 26045		Due no later than Sep 30, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SARMED OUTPATIENT PHARMACY, LLC STEPHANIE C WESTERMEIER 1055 N. CURTIS RD BOISE ID 83706		STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706			
				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	SAINT ALPHONSUS DIVERSIFIED	1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	CARE MEDNOW	4400 E. FLAMINGO RD	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: ID W 26045		6. Annual Report must be signed.* Signature: Odette C. Bolano Name (type or print): Odette C. Bolano Date: 09/14/2018 Title: President, SADC					
Processed 09/14/2018		* Electronically provided signatures are accepted as original signatures.					