No. **W 15597**	**Due no later than Jun 30, 2003** **Annual Report Form**	2. Registered Agent and Office **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 applicable PHARMEASE, LLC 1790 SABIN DR AMMON, ID 83406	DEREK C ENCE 2235 E 25TH ST #220 IDAHO FALLS, ID 83404 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Corey Smith	1790 Sabin Dr.	Ammon	ID	83406
Manager	Allen Ball	PO Box 51298	Idaho Falls	ID	83405
Manager	Brett Wright	2235 E 25th St Ste 200	Idaho Falls	ID	83404
Manager	John Gaiazin	PO Box 78	Menan	ID	83434

5. Organized Under the Laws of:	6.
IDAHO W 15597	Signature Corey Smith Date 4/17/03 Name (Typed or Printed) Corey Smith Title Manager

Issued 04/01/2003 **Do Not Tape or Staple** 441