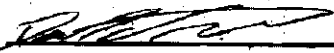


No. W5394	Annual Report Form Due No Later Than November 30	2. Registered Agent and Office NOT A P.O. BOX CORPORATION SERVICE COMPANY 1401 SHORELINE DR BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0000 NO FEE REQUIRED	HOME MEDICAL & MOPF, LLC DAVID WESTOVER 2615 N 4TH ST STE 527 COEUR D'ALINE ID 83814	3. Organized Under the Laws of IDAHO
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)		
Office held	Name	Street or P.O. Address City State Zip
Exec Manager	David Westover	2615 N 4th #527 Coeur d'Alene ID 83815
Manager	Andrew Teske	2615 N 4th #527 Coeur d'Alene ID 83815
5. (New) Registered Agent Signature		6. Signature  Date 12-17-99
		Name (Print or Stamp) David Westover Title Manager

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM