No. W5394	Annual Report Form Due No Later Than November 30	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	HOME MEDICAL & MORE, LLC DAVID WESTOVER 2615 N 4TH ST STE 527 COEUR D ALENE ID 83814	CORPORATION SERVICE COMPANY 1401 SHORELINE DR BOISE ID 83702 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
~~Director~~ Manager	David Westover	2615 N 4th #527	Coeur d'Alene	ID	83815
Manager	Andrew Jeske	2615 N 4th #527	Coeur d'Alene	ID	83815

5. New Registered Agent Signature

6.
Signature _____ Date 12-17-99
Name (Type or Print) David Westover Title Manager

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM