No. **W 138480**	**Due no later than May 31, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** JJ MEDICAL DISTRIBUTING LLC JUSTIN D Johnson 4550 JOHNNY CREEK RD POCATELLO ID 83204	JUSTIN JOHNSON 4550 JOHNNY CREEK RD POCATELLO ID 83204-8320 3. New 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
MEMBER	LORI C JOHNSON	JOHNNY CREEK RD	POCATELLO	ID	USA	83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 138480**	Signature: Justin D. Johnson	Date: 03/21/2016
	Name (type or print): Justin D. Johnson	Title: Manager

Processed 03/21/2016

* Electronically provided signatures are accepted as original signatures.