No. W 73874		Due no later than May 31, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. AHC MEDICAL SUPPLY LLC CINDY M STICE 215 N WHITLEY DR STE 1 FRUITLAND ID 83619			CINDY M STICE 215 N WHITLEY DR STE 1 FRUITLAND ID 83619 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
	DAVID W NATTRESS K BRETT NATTRESS		7872 RICHEY RD 2125 NE 16TH ST		FRUITLAND FRUITLAND	ID ID	USA USA	83619 83619
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 73874		Signature: K. Brett Nattress			Date: 03/24/2009			
		Name (type or print): K. Brett Nattress			Title: President			
Processed 03/24/2009		* Electronically provided signatures are accepted as original signatures.						