

No. <b>W 73384</b>		Due no later than Apr 30, 2014		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> MALAD MEDICAL SUPPLY L.L.C. RYAN M SUMMERS 136 N 70 E MALAD ID 83252-1208		RYAN SUMMERS 136 N 70 E MALAD CITY ID 83252-1208	
				3. <u>New</u> 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	RYAN SUMMERS	136 N 70 E	MALAD CITY	ID	USA 83252-1208
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 73384</b>		Signature: Ryan M Summers Name (type or print): Ryan M Summers		Date: 05/12/2014 Title: Owner	
Processed 05/12/2014		* Electronically provided signatures are accepted as original signatures.			