

No. W 26045		Due no later than Sep 30, 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. SARMED OUTPATIENT PHARMACY, LLC LAMAR LOWELL 999 N. CURTIS RD, STE 102 BOISE ID 83706		STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706					
				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			
MANAGER	SAINT ALPHONSUS DIVERSIFIED	1055 N CURTIS RD	BOISE	ID		83706			
MEMBER	CARE MEDNOW	1512 12TH AVENUE ROAD	NAMPA	ID	USA	83686			
5. Organized Under the Laws of: ID W 26045		6. Annual Report must be signed.* Signature: Kendra Tomich Name (type or print): Kendra Tomich Date: 08/02/2016 Title: Operations Manager							
Processed 08/02/2016		* Electronically provided signatures are accepted as original signatures.							