No. **W 80329**	**Due no later than Jan 31, 2010**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** TLC PHARMACY CONSULTING LLC ED MUNSON 3366 SUMMIT DR POCATELLO ID 83201 USA	TONI L CANTRELL 4701 CARLILE 83204 ID 83204 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	TREVER CANTRELL	4701 CARLILE	POCATELLO	ID	USA	83204
MEMBER	TONI CANTRELL	4701 CARLILE	POCATELLO	ID	USA	83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 80329**	Signature: Ed Munson	Date: 11/23/2009
	Name (type or print): Ed Munson	Title: Accountant

Processed 11/23/2009

* Electronically provided signatures are accepted as original signatures.