No. **W 15597**	**Due no later than Jun 30, 2009**	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.** PHARMEASE, LLC 1790 SABIN DR AMMON ID 83406	DEREK C ENCE 2235 E 25TH ST #220 IDAHO FALLS ID 83404 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
MANAGER	BRETT WRIGHT	2235 E 25TH ST #220	IDAHO FALLS	ID	USA	83404
MANAGER	REECE CHRISTENSEN	5272 TAPPAN FALLS DR	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 15597**	Signature: A Ferguson	Date: 06/05/2009
	Name (type or print): A Ferguson	Title: Manager

Processed 06/05/2009

* Electronically provided signatures are accepted as original signatures.