

No. W 133196	Due no later than Jan 31, 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. MEDICINE MAN BONNERS FERRY PHARMACY, LLC AIMEE STUERMER 6452 MAIN ST BONNERS FERRY ID 83805		SHANE STUERMER 7420 BLAINE ST BONNERS FERRY ID 83805-8380			
			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	SHANE STUERMER	7420 BLAINE STREET	BONNERS FERRY	ID	USA	83805
MEMBER	AIMEE STUERMER	7420 BLAINE STREET	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of: ID W 133196	6. Annual Report must be signed.* Signature: Aimee Stuermer Name (type or print): Aimee Stuermer		Date: 11/16/2015 Title: Co-owner			
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.				