No. C 170594	Due no later than Dec 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL DELIVERY SERVICES OF PRESTON, INC. BRYAN R SHUMAN 104 S 1ST W PRESTON ID 83263	BRYAN R SHUMAN 104 S 1ST W PRESTON ID 83263-8326 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA	(antique)			
Office Held Name	ness Addresses of President, Secretary, and Directors. Treasurer Street or PO Address	City	State	Country	Postal Code
PRESIDENT BRYAN R S SECRETARY SHANNON I	HUMAN 104 S 1ST W	PRESTON PRESTON	ID ID	USA USA	83263 83263
5. Organized Under the Laws of: ID C 170594	6. Annual Report must be signed.* Signature: Bryan Shuman Name (type or print): Bryan Shuman	Date: 10/27/2016 Title: President			
Processed 10/27/2016	* Electronically provided signatures are accepted as original signatures.				