

No. W 129687		Due no later than Oct 31, 2014 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		1. Mailing Address: Correct in this box if needed. FOLEY MEDICAL DISTRIBUTION LLC MELISSA RIOS MEYERS 1253 E LONE CREEK DR EAGLE ID 83616		MELISSA RIOS MEYERS 1253 E LONE CREEK DR EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MELISSA RIOS MEYERS	1253 E LONE CREEK DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 129687		6. Annual Report must be signed.* Signature: Melissa Rios Meyers Name (type or print): Melissa Rios Meyers					
		Date: 09/16/2014 Title: Member					
Processed 09/16/2014 * Electronically provided signatures are accepted as original signatures.							