

No. W 1728		Due no later than Nov 30, 2015		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. MEDICINE MAN WEST PHARMACY LLC DONALD R SMITH 802 E MEDICAL CT POST FALLS ID 83854		DONALD R SMITH 802 E MEDICAL CT POST FALLS ID 83854	
				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
MANAGER	DONALD R SMITH	9363 W DRIFTWOOD DRIVE	COEUR D'ALENE	ID	83814
5. Organized Under the Laws of: ID W 1728		6. Annual Report must be signed.* Signature: Donald R Smith Name (type or print): Donald R Smith Date: 11/28/2015 Title: Manager			
Processed 11/28/2015		* Electronically provided signatures are accepted as original signatures.			