

No. <b>W 102223</b>		<b>Due no later than Apr 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ADVANCED HEALTH CARE PHARMACY LLC CINDY M STICE 215 N WHITLEY DR STE 3 FRUITLAND ID 83619		CINDY M STICE 2603 APPLEWOOD AVE FRUITLAND 83619			
				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	K BRETT NATTRESS	215 N WHITLEY DR STE 3	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 102223</b>		Signature: Sara Jackson			Date: 02/18/2015		
		Name (type or print): Sara Jackson			Title: Admin Assistant		
Processed 02/18/2015		* Electronically provided signatures are accepted as original signatures.					