No. <b>W 127783</b>		Due no later than Aug 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CROSS LTC PHARMACY, LLC 1950 EAST 1ST ST IDAHO FALLS ID 83401		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				ZACH SUTTON  1950 EAST 1ST ST  IDAHO FALLS ID 83401  3. New Registered Agent Signature:*				
4. Limited Liability Compar		mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	IEMBER ZACHARY SUTTN		1950 EAST 1ST ST		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Zachary Sutton			Date: 08/30/2016			
W 127783		Name (type or print): Zachary Sutton			Title: Manager			
Processed 08/30/2016 * Electronically provided signatures are accepted as original signatures.								