

No. W 15597

Due no later than June 30, 2007
Annual Report Form

2. Registered Agent and Office 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 applicable

PHARMEASE, LLC
1790 SABIN DR
AMMON, ID 83406DEREK C ENCE
2235 E 25TH ST #220
IDAHO FALLS, ID 83404NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Corey Smith	1790 Sabin Dr.	Ammon	ID	83406
Manager	Allen Ball	PO BOX 61218	Idaho Falls	ID	83405
Manager	Brett Wright	1790 Sabin Drive	Idaho Falls	ID	83406
Manager	Derek Ence	2235 E 25th St Ste 200	Idaho Falls	ID	83404
Manager	Reece Christensen	1790 Sabin Dr.	Ammon	ID	83406

5. Organized Under the Laws of:

IDAHO
W 15597

6.

Signature



Date

4/9/07

Name

(Typed or Printed)

Reece Christensen

Title

President

Issued 04/02/2007

Do Not Tape or Staple

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