



Idaho Limited Liability Company Annual Report Form

	File online at: SOSBIZ.idaho.gov Due on/Before: 01/31/2019 Reporting Year: 2018			Return completed form within 30 days to Idaho Secretary of State			
				Attn: Annual Reports 450 North 4th Street			0
Annual Panart: No filing foo if received by due date					Boise, ID 83702		
If reinstatement is required, the reinstatement fee is \$30.00.				Phone: (208) 334-2300			17
SOS Control	Number: 591099	Filing Status: Act	rive-Existing				7
Limited Liability Company (D) Date Formed:			-			2	
		Date 1 office. 01		- Torridador Ed			
Name and M	lailing Address:		(1) Add	or Change Mailing	Address:		ω
PREVENTATIVE MEDICINAL APPLICATIONS LLC							
8484 W IRVI	NG LANE						40
BOISE, ID 8	3704						שי
							PM
Registered A	Agent (RA) and Registered	l Office (RO) Address	(2) Char	nge RA and/or RO	Address:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
JOHN WARE		, ,					
8484 W IRVING LANE							H.
BOISE, ID 83704							ceive
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	Note: The Regis	tered Office address must	be a physical Idaho	address (no post	al box).		তু
(2) Now Dog	istered Agent (RA) Signat			,,,,,	, .		4
							
(4) Limited Lial These will not	bility Companies: Enter name be accepted. Changes here w	s and addresses of Mana rill not affect the entity ma	gers OR Members. iling address. If mo	. Do NOT put 'sa ore space is need	me as last yea ded, please ad	ır' or 'sam d an attac	e as above chment. ഗൂ
Manager/Membe	-		Address	· · · · · · · · · · · · · · · · · · ·	City, State, Z		n O
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(5) Signature:	naled for		(6) Date:	lula) C
(5) Oignaturo.	jehlans		(o) Date.	116/19	i		<u>,</u>
(7) Type/Pfint Na	ame: John Warby R	JON	(8) Title	47685TO	es 7 m	BU/M	M L
Instructions: l	Legibly complete the form above.	Enclose a check made pay	able to the Idaho Se	ecretary of State fo	or \$30 if reinsta	ting.	

Sign and date this form and return to the address provided above.