

No. <b>W 119260</b>	<b>Due no later than Nov 30, 2017</b> <b>Annual Report Form</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> PROCARE MEDICAL SUPPLIES L.L.C. VALERIE JOHNSON 3500 STONEHAVEN DR IDAHO FALLS ID 83406		CHRIS HORKLEY 159 W 1ST N RIGBY ID 83442			
			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	VALERIE K JOHNSON	3500 STONEHAVEN DR.	AMMON	ID	USA	83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 119260</b>		6. Annual Report must be signed.* Signature: Valerie Johnson Name (type or print): Valerie Johnson		Date: 11/29/2017 Title: Member		
Processed 11/29/2017		* Electronically provided signatures are accepted as original signatures.				