

No. W 10599	Due no later than Dec 31, 2015 Annual Report Form		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 RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EASTGATE DRUG STORE OF AMMON, L.L.C. COREY SMITH 2605 LONE PINE DR IDAHO FALLS ID 83404		COREY SMITH 2605 LONE PINE DR. IDAHO FALLS ID 83404			
			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
MANAGER	COREY SMITH	2605 LONE PINE DR.	IDAHO FALLS	ID		83404
5. Organized Under the Laws of: ID W 10599		6. Annual Report must be signed.* Signature: Corey Smith Name (type or print): Corey Smith		Date: 12/01/2015 Title: manager		
Processed 12/01/2015		* Electronically provided signatures are accepted as original signatures.				