

No. C 99023	Annual Report Form 1986 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MEDI-TYPE, INC. RICHARD CARROLL P O BOX 5 POCATELLO ID 33204 0005	RICHARD CARROLL 150 SOUTH ARTHUR AVE POCATELLO ID 33204 0
* FIRST NOTICE *		3. Organized Under the Laws of: ID C 99023

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Adm Carroll	P.O.S	Poc	Id	83204
V.Pres	Dick Carroll	P.O.S	"	"	"
Tres	Dan Carroll	P.O.S	"	"	"
Sec	Adm Carroll	"	"	"	"

5. NATURE OF BUSINESS SERVICE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>[Signature]</u> Date <u>7/22/86</u> Name (Typed or Printed) <u>Richard Carroll</u> Title <u>V.P.</u>
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ISSUED: 07-06-1996

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