

No. W 26045

Due no later than September 30, 2004
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

SARMED OUTPATIENT PHARMACY, LLC
1055 N CURTIS RD
BOISE, ID 83706

STEPHANIE C WESTERMEIER
1055 N CURTIS RD
BOISE, ID 83706

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	SAINT ALPHONSES DIVERSIFIED CARE	1055 N. CURTIS RD	BOISE	ID	83706
	MEADOW, INC.	1512 15th AVE RD	NAMPA	ID	83636

5. Organized Under the Laws of:

IDAHO
W 26045

6.

Signature

Eric Linford

Date

10/15/04

Name (Typed or
Printed)

ERIC LINFORD

Title

MANAGING COMMITTEE
MEMBER

Issued 07/01/2004

Do Not Tape or Staple

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