

No. W 119260	Due no later than Nov 30, 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. 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: ID W 119260		6. Annual Report must be signed.* Signature: Valerie K Johnson Name (type or print): Valerie K Johnson		Date: 09/28/2015 Title: Member		
Processed 09/28/2015		* Electronically provided signatures are accepted as original signatures.				