No. C 193717		Due no later than Feb 28, 2014		2. Registered Ager	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CASCADE MEDICAL SUPPLY, INC. ONE POST STREET SAN FRANCISCO CA 94104		12550 W EXPLO	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*				
2001	es and Busine Name	ess Addresses of Pres	ident, Secretary, and Directors. Treasu Street or PO Address	rer (optional). City	State	Country	Postal Code	
	TODD E BALDANZI		450 LINDBERGH DRIVE	MOON TOWNSHIP	PA	USA	15108	
	WILLIE C BOGAN WILLIE C BOGAN		ONE POST STREET ONE POST STREET	SAN FRANCISCO SAN FRANCISCO	CA CA	USA USA	94104 94104	
DIRECTOR	TODD E BALDANZI		450 LINDBERGH DRIVE	MOON TOWNSHIP	PA	USA	15108	
	STANTON J STANTON J		8741 LANDMARK ROAD 8741 LANDMARK ROAD	RICHMOND RICHMOND	VA VA	USA USA	23228 23228	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA C 193717		Signature: Wille C Bogan Name (type or print): Wille C Bogan			Date: 01/17/2014 Title: Secretary			
Processed 01/17/2014		* Electronically provic	led signatures are accepted as original	signatures.				