


| <b>No. W 107329</b>   | <b>Due no later than Oct 31, 2015</b><br><b>Annual Report Form</b>   |  | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>LUCAS R SNELL<br><del>1910 WINTERHAVEN DR</del> <i>1920 Laurelwood Drive</i><br>HAILEY ID 83333 |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|-----------------|--|---------|-----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF</b><br><b>RECEIVED BY DUE</b><br><b>DATE</b>   | <b>1. Mailing Address: Correct in this box if needed.</b><br>LUKE'S FAMILY PHARMACY LIMITED LIABILITY<br>COMPANY<br>LUCAS R SNELL<br>PO BOX 460<br>HAILEY ID 83333 |  | <b>3. <u>New</u> Registered Agent Signature.</b>  |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>  |  |  |   |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lucas R. Snell,</td> <td><del>1910 Winterhaven Dr.</del> <i>1920 Laurelwood</i></td> <td>Hailey,</td> <td>ID,</td> <td>USA</td> <td>83333</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |  |   | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Lucas R. Snell, | <del>1910 Winterhaven Dr.</del> <i>1920 Laurelwood</i> | Hailey, | ID, | USA | 83333 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name   | Street or PO Address   | City  | State             | Country | Postal Code          |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Lucas R. Snell,  | <del>1910 Winterhaven Dr.</del> <i>1920 Laurelwood</i>   | Hailey,   | ID,               | USA     | 83333                |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |   |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center; font-size: 1.2em;">             IDAHO<br/>             W 107329           </div>  |  | <b>6.</b><br>Signature: <br><hr/> Name (type or print):<br>Lucas R. Snell |   |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  | Date: <u>10/9/15</u><br><hr/> Title:<br>Manager  |   |                   |         |                      |      |       |         |             |   |                 |  |         |     |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |