No. <b>W 168667</b>		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  Return to:  1. Mailing A L AND M DRUG LISA EDINBO 3707 N 2710 I TWIN FALLS			3707 N 2710 TWIN FALLS	LISA EDINBOROUGH 3707 N 2710 E TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	NELSON EDINBOROUGH	206 MARTIN ST STE 206 MARTIN ST STE B	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of: 6. Annual		nnual Report must be signed.*					
<b>ID</b> Signa		Signature: Lisa Edinborough Date: 05/11/2017					
W 168667	Name (type o	Name (type or print): Lisa Edinborough		Title: Owner			
Processed 05/11/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					