

No. **W 46642**

Due no later than January 31, 2007

Annual Report Form

Return to:
**SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**

1. Mailing Address - Correct in this box, if applicable:

**EASTERN IDAHO MEDICAL SUPPLY COMPAN
3800 TAYLORVIEW LN
IDAHO FALLS, ID 83406**

2. Registered Agent and Office **NO PO BOX**

**M PATRICK DUFFIN
2677 E 17TH ST STE 500
IDAHO FALLS, ID 83406**

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

3. New Registered Agent Signature

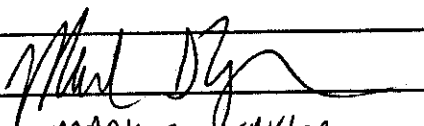
4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MARK TAYLOR	3800 TAYLORVIEW LANE	IDAHO FALLS	IO	83406

5. Organized Under the Laws of:
**IDAHO
W 46642**

6.

Signature



Date

11/12/06

Name (Typed or Printed)

MARK S TAYLOR

Title

PRESIDENT

Issued 11/01/2006

Do Not Tape or Staple

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