No. W 1728		Due no later than Nov 30, 2008		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DONALD R SMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MEDICINE MAN WEST LLC DONALD R SMITH 802 E MEDICAL CT POST FALLS ID 83854		POST FALLS II	802 E MEDICAL CT POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DONALD R SMITH		9363 W DRIFTWOOD DRIVE	COEURD'ALENE	ID	USA	83814		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Donald R Smith			Date: 11/11/2008			
W 1728		Name (type or p		Title: Manager				
Processed 11/11/2008 * Electronically provided signatures are accepted as original signatures.								