

No. W 26045		Due no later than Sep 30, 2005		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SARMED OUTPATIENT PHARMACY, LLC ERROL MAUS 999 N. CURTIS RD, STE 102 BOISE ID 83706 0000		STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706 0000	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	SAINT ALPHONSUS DIVERSIFIED CARE	1055 N CURTIS RD	BOISE	ID	83706
5. Organized Under the Laws of: IDAHO W 26045		6. Annual Report must be signed.* Signature: KENDRA TOMICH Name (type or print): KENDRA TOMICH Date: 08/08/2005 Title: PHARMACY ANALYST			
Processed 08/08/2005		* Electronically provided signatures are accepted as original signatures.			