

No. <b>W 26045</b>		<b>Due no later than Sep 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		SARMED OUTPATIENT PHARMACY, LLC DENNIS NELSON 999 N. CURTIS RD, STE 102 BOISE ID 83706 USA					
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	1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	CARE MEDNOW	1311 12TH AVENUE ROAD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID W 26045</b>		6. Annual Report must be signed.* Signature: Kendra Tomich Name (type or print): Kendra Tomich					
		Date: 10/22/2009 Title: Retail Pharmacy Analyst					
Processed 10/22/2009		* Electronically provided signatures are accepted as original signatures.					