

No. <b>W 10599</b>		<b>Due no later than Dec 31, 2012</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  EASTGATE DRUG STORE OF AMMON, L.L.C. COREY SMITH 2605 LONE PINE DR IDAHO FALLS ID 83404		COREY SMITH 2605 LONE PINE DR. IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name COREY SMITH	Street or PO Address 2605 LONE PINE DR.		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of:  <b>ID</b> <b>W 10599</b>		6. Annual Report must be signed.*  Signature: Corey Smith Name (type or print): Corey Smith  Date: 10/24/2012 Title: President					
Processed 10/24/2012      * Electronically provided signatures are accepted as original signatures.							