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|--|-------------|--|--------|---|---------|------------------------|--|
| No. W 107329 | | Due no later than Oct 31, 2017 | | 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 | | 1. Mailing Address: Correct in this box if needed. LUKE'S FAMILY PHARMACY LIMITED LIABILITY COMPANY LUCAS R SNELL 101 S. MAIN ST. HAILEY ID 83333 | | LUCAS R SNELL 1920 LAURELWOOD DR HAILEY ID 83333-8333 | | | |
| | | | | 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 | LUCAS SNELL | 1920 LAURELWOOD DR. | HAILEY | ID | USA | 83333 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 107329 | | Signature: Lucas Snell | | | | Date: 08/29/2017 | |
| | | Name (type or print): Lucas Snell | | | | Title: Managing Member | |
| Processed 08/29/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |