

No. W 150265	Due no later than Apr 30, 2018 Annual Report Form		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. FREEDOM HEALTH SUPPLY, LLC 1603-A 12TH AVE ROAD NAMPA ID 83686-6100		VICTOR ALLEN 1603-A 12TH AVE ROAD NAMPA ID 83686-6100			
			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
MEMBER	VICTOR F ALLEN	1603-A 12TH AVE.RD	NAMPA	ID	USA	83686-6100
5. Organized Under the Laws of: ID W 150265	6. Annual Report must be signed.* Signature: Susan Ray Name (type or print): Susan Ray		Date: 02/28/2018 Title: Office Manager			
Processed 02/28/2018		* Electronically provided signatures are accepted as original signatures.				