

No. C 89901	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX GARY D. RENCH 306 1/2 NORTH FIRST AVENUE SANDPOINT ID 83864
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SAND CREEK MEDICAL SALES AND GARY D. RENCH P.O. BOX 974 SANDPOINT ID 83864	3. Organized Under the Laws of: ID C 89901
1. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President	GARY D. RENCH	PO BOX 1415
Secretary/ Treasurer	Sharon RENCH	#207. S. LINCOLN
		SANDPOINT ID 83864
Directors same as above		
5. Signature of New Registered Agent	6. Signature <u><i>Gary RENCH</i></u> Date <u>7/19/99</u> Name (Typed or Printed) <u>GARY D. RENCH</u> Title <u>Pres</u>	

ISSUED: 07-03-1999

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