

No. W 14369 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Feb 28, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable IDAHO MEDICAL SUPPLY, L.L.C. MIKE JENSEN 560 W 10 N 746 E Lander St. Ste A BLACKFOOT, ID 83221 Pocatello, ID 83201	2. Registered Agent and Office NO PO BOX MIKE JENSEN 746 E LANDER ST STE A POCATELLO, ID 83201 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner/Sales</td> <td>Mike Jensen</td> <td>1955 S. Fairway</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Owner/Manager</td> <td>Hayley Jensen</td> <td>1955 S. Fairway</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner/Sales	Mike Jensen	1955 S. Fairway	Pocatello	ID	83201	Owner/Manager	Hayley Jensen	1955 S. Fairway	Pocatello	ID	83201
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5. Organized Under the Laws of: IDAHO W 14369	6. Signature <u>Hayley Jensen</u> Date <u>12/10/01</u> Name (Typed or Printed) <u>Hayley Jensen</u> Title <u>12/10/01</u>																			