

No. W 29312		Due no later than Mar 31, 2014 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		1. Mailing Address: Correct in this box if needed. MAAG PRESCRIPTION CENTER, LLC KATHLEEN C MAAG PO BOX 115 POCATELLO ID 83204-0115		GREGORY A MAAG 333 W CENTER POCATELLO ID 83204			
NO FILING FEE IF RECEIVED BY DUE DATE				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	GREGORY A MAAG	333 W CENTER	POCATELLO	ID	USA	83201	
MEMBER	KATHLEEN C MAAG	333 W CENTER	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 29312		6. Annual Report must be signed.* Signature: Kathleen C. Maag Name (type or print): Kathleen C. Maag					
		Date: 01/27/2014 Title: Secretary/treas.					
Processed 01/27/2014		* Electronically provided signatures are accepted as original signatures.					