No. W 31548		D	2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form			GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		CONTROL OF THE PARTY OF THE PARTY OF				
		EAGLE ROCK OXYGEN & MEDICAL EQUIPMENT LLC BRIAN K CORNELISON 2001 S WOODRUF STE 12B IDAHO FALLS ID 83404		3. New Registered Agent Signature:*				
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Compan	nies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BRIAN CORN			2001 S WOODRUF STE 12B	IDAHO FALLS	ID	USA	83404	
MANAGER WILLIAM JOI			2001 S. WOODRUFF	IDAHO FALLS	ID	USA	83404	
MANAGER ERIC PETTIN		NGILL	2001 S. WOODRUFF	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Br		Date: 05/03/2012				
W 31548		Name (type o		Title: Manager				
Processed 05/03/2012 * Electronically provided signatures are accepted as original signatures.								