

No. W 124122		Due no later than Apr 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOLMES FAMILY PHARMACY, LLC CHRISTAL HOLMES 8944 BOWMONT RD NAMPA ID 83686 USA		RAFE HOLMES 8944 BOWMONT RD NAMPA ID 83686			
				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	CHRISTAL HOLMES	8944 BOWMONT RD	NAMPA	ID	USA	83686	
MEMBER	RAFE HOLMES	8944 BOWMONT RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 124122		6. Annual Report must be signed.* Signature: Christal Holmes Name (type or print): Christal Holmes Date: 04/26/2015 Title: Member					
Processed 04/26/2015		* Electronically provided signatures are accepted as original signatures.					