

No. C 170594		Due no later than Dec 31, 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. MEDICAL DELIVERY SERVICES OF PRESTON, INC. BRYAN R SHUMAN 1075 DOUBLE EAGLE CIR PRESTON ID 83263		BRYAN R SHUMAN 1075 DOUBLE EAGLE CIR PRESTON ID 83263-8326			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	SHANNON L SHUMAN	1075 DOUBLE EAGLE CIRCLE	PRESTON	ID	USA	83263	
PRESIDENT	BRYAN R SHUMAN	1075 DOUBLE EAGLE CIRCLE	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 170594		Signature: Bryan Shuman				Date: 10/19/2015	
		Name (type or print): Bryan Shuman				Title: President	
Processed 10/19/2015		* Electronically provided signatures are accepted as original signatures.					