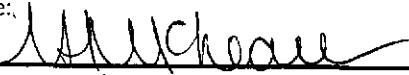
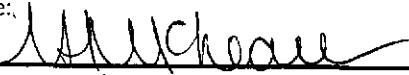
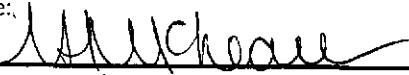


No. W 63056	Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) NIKOL H MCKEAN 7112 E CANTERBURY LN NAMPA ID 83687
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PEACE OF MIND MEDICAL SUPPLY COMPANY, LLC 7112 E CANTERBURY LN NAMPA ID 83687		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country ^{N/A}	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nikol McKean	7112 E. Canterbury Ln.	Nampa	ID	Canyon USA	83687
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 63056 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u></u> </td> <td style="width: 40%;"> Date: <u>06/08/2015</u> </td> </tr> <tr> <td> Name (type or print): <u>Nikol McKean</u> </td> <td> Title: <u>member</u> </td> </tr> </table>	Signature: <u></u>	Date: <u>06/08/2015</u>	Name (type or print): <u>Nikol McKean</u>	Title: <u>member</u>
Signature: <u></u>	Date: <u>06/08/2015</u>				
Name (type or print): <u>Nikol McKean</u>	Title: <u>member</u>				

Issued 06/03/2015 by SLD
114395