

| No. C 89901 | | Due no later than Jul 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SAND CREEK MEDICAL SALES AND RENTALS, INC. GARY D. RENCH P.O. BOX 974 SANDPOINT ID 83864 | | GARY D. RENCH 306 1/2 NORTH FIRST AVENUE SANDPOINT ID 83864 | | | |
| | | | | | | 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 | |
| DIRECTOR | TAMMI S RENCH | PO BOX 1415 | SANDPOINT | ID | USA | 83864 | |
| DIRECTOR | GARY D RENCH | PO BOX 1415 | SANDPOINT | ID | USA | 83864 | |
| TREASURER | TAMMI S RENCH | PO BOX 1415 | SANDPOINT | ID | USA | 83864 | |
| SECRETARY | TAMMI S RENCH | PO BOX 1415 | SANDPOINT | ID | USA | 83864 | |
| PRESIDENT | GARY D RENCH | PO BOX 1415 | SANDPOINT | ID | USA | 83864 | |
| 5. Organized Under the Laws of: ID C 89901 | | 6. Annual Report must be signed.* Signature: Gary Rench Name (type or print): Gary Rench | | | | | |
| | | Date: 07/27/2015 Title: President | | | | | |
| Processed 07/27/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |