

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.				