No. **W 73384**	**Due no later than Apr 30, 2010** **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.** MALAD MEDICAL SUPPLY L.L.C. RYAN M SUMMERS 53 N 100 W MALAD ID 83252	RYAN SUMMERS 53 N 100 W MALAD CITY ID 83252 3. New 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	RYAN SUMMERS	53 N 100 W	MALAD CITY	ID	USA	83252

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 73384**	Signature: Ryan Summers	Date: 02/11/2010
	Name (type or print): Ryan Summers	Title: Owner

Processed 02/11/2010

* Electronically provided signatures are accepted as original signatures.