№. W 120685	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. A & M MEDICAL SUPPLIES LLC MARK S TAYLOR 3800 TAYLORVIEW LN IDAHO FALLS ID 83406	MARK TAYLOR 3800 TAYLORVIEW LN IDAHO FALLS ID 83406
reinstatement fee due: \$30.00		3. New 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 Postal Code Manager Member Mark 7740 1 3800 Taylorical Lane Islah falls, Isl USA 83406 Manager Member Member Manager Member Manager Member Manager Member Manager Member Member Manager Member Member Member Manager Member M		
5. Organized Under the La IDAHO W 120685 Issued 05/17/2017 by online	Signature: Name (type or print): MARK S TAYWA	Date: S/17/17 Title: Manager