No. W 127261	Due no later than Jul 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		WILLIM A				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			2090 N 28TH ST BOISE ID 83703			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SIMPLE BACKCOUNTRY MEDICINE, LLC WILLIAM A MCKNIGHT 2090 N 28TH ST BOISE ID 83703 USA		BOISE ID	BOISE ID 63703			
			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MANAGER WILLIAM A	MCKNIGHT	2090 N. 28TH ST	BOISE	ID	USA	83703	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: William Mcknight		Date: 05/12/2014				
W 127261	Name (type or print): William Mcknight		Title: Manager				
Processed 05/12/2014	* Electronically provided signatures are accepted as original signatures.						