No. W 124122		Due no later than Apr 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RAFE HOLMES				
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. HOLMES FAMILY PHARMACY, LLC CHRISTAL HOLMES 8944 BOWMONT RD NAMPA ID 83686 USA		d.	8944 BOWMONT RD NAMPA ID 83686			
					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
	CHRISTAL HOLMES RAFE HOLMES		8944 BOWMONT RD 8944 BOWMONT RD		Nampa Nampa	ID ID	USA USA	83686 83686
5. Organized Under the Laws of:		6. Annual Report must						
ID W 124122		Signature: CHRISTAL HOLMES			Date: 04/30/2016			
		Name (type or print): CHRISTAL HOLMES			Title: MEMBER			
Processed 04/30/2016 * Electronically provided signatures are accepted as original signatures.								