

No. W 29312		Due no later than Mar 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAAG PRESCRIPTION CENTER, LLC KATHLEEN C MAAG PO BOX 115 POCATELLO ID 83204-0115		GREGORY A MAAG 333 W CENTER POCATELLO 83204	
				3. <u>New</u> 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	GREGORY A MAAG	333 W CENTER	POCATELLO	ID	83201
MEMBER	KATHLEEN C MAAG	333 W CENTER	POCATELLO	ID	83201
5. Organized Under the Laws of: ID W 29312		6. Annual Report must be signed.* Signature: KATHLEEN C. MAAG Name (type or print): KATHLEEN C. MAAG Date: 01/19/2015 Title: MEMBER			
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.			