

No. W 119260		Due no later than Nov 30, 2013 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		1. Mailing Address: Correct in this box if needed. PROCARE MEDICAL SUPPLIES L.L.C. VALERIE JOHNSON 3500 STONEHAVEN DR IDAHO FALLS ID 83406		CHRIS HORKLEY 159 W 1ST N RIGBY ID 83442			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name VALERIE K JOHNSON	Street or PO Address 3500 STONEHAVEN DR.		City AMMON	State ID	Country USA	Postal Code 83406
5. Organized Under the Laws of: ID W 119260		6. Annual Report must be signed.* Signature: Chris Horkley Name (type or print): Chris Horkley Date: 09/27/2013 Title: President					
Processed 09/27/2013 * Electronically provided signatures are accepted as original signatures.							