

Annual Report Form  
Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Please Correct, If Not Correct

MEDI-TYPE, INC.  
RICHARD CARROLL  
P O BOX 5

RICHARD CARROLL  
150 SOUTH ARTHUR AVE #31  
POCATELLO ID 83204 C

NO FEE REQUIRED

\* FIRST NOTICE \*

POCATELLO ID 83204 0005

3. Organized Under the Laws of:

ID C 99023

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	ANN CARROLL	150 S. ARTHUR	POCATELLO	ID	83204
SEC/TRES	RICHARD CARROLL	"	"	"	"

5. Signature of New Registered Agent

6.

Signature

*Ann Carroll*

Date

7/14/98

Name

(Typed or Printed)

ANN CARROLL

Title

PRES.

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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