

No. <b>W 138010</b>	<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  BEAR LAKE DRUG, LLC 836 WASHINGTON ST MONTPELIER ID 83254 USA		CASEY C HUMPHERYS 836 WASHINGTON ST MONTPELIER ID 83254			
			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
MANAGER	CASEY HUMPHERYS	PO BOX 166	PARIS	ID	USA	83261
5. Organized Under the Laws of:  <b>ID</b> <b>W 138010</b>		6. Annual Report must be signed.* Signature: Casey Humpherys Name (type or print): Casey Humpherys		Date: 06/19/2015 Title: Owner		
Processed 06/19/2015		* Electronically provided signatures are accepted as original signatures.				