No. W 144747		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. T2 APOTHECARY, LLC 615 FILER AVE TWIN FALLS ID 83301		2. Registered Ag	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				THOMAS G WADSWORTH 615 FILER AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
		mes and Addresses of	at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS G	WADSWORTH	21323 WHITE WATER CIRCLE	EAGLE RIVER	AK	USA	99577	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tom Wadsworth			Date: 12/20/2016			
W 144747		Name (type or pri		Title: Ownder				
Processed 12/20/2016 * Electronically provided signatures are accepted as original signatures.								