

No. C 115955		Due no later than Aug 31, 2011		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO RECOVERY ASSISTANCE PROGRAM FOR PHARMACISTS-MONITORING, INC. STEVEN N STREEPER PO BOX 811 ARCO ID 83213-0811 USA		STEVE STREEPER 2535 N US HWY 93 ARCO ID 83213				3. <u>New</u> Registered Agent Signature: *	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
PRESIDENT	STEVEN N STREEPER	2535 N US HWY 93 PO BOX 811	ARCO	ID	USA	83213			
5. Organized Under the Laws of: ID C 115955		6. Annual Report must be signed.* Signature: Snstreeper Name (type or print): Snstreeper Date: 07/08/2011 Title: Pres.							
Processed 07/08/2011		* Electronically provided signatures are accepted as original signatures.							