No. W 20592		Due no later than Sep 30, 2014	2. Registered Agent and Address (NO PO BOX) JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
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. APOTHECARY PROFESSIONAL SERVICES, LLC JAN POREBA 2104 SILVER CREEK LN				
		BOISE ID 83706-6113 USA				
4. Limited Liability Companies:	Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Nar	me	Street or PO Address	City	State	Country	Postal Code
MANAGER JAN POREBA		2104 SILVER CREEK LN	BOISE	ID	USA	83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Jan Cporeba	Date: 08/05/2014			
W 20592		Name (type or print): Jan Cporeba	Title: Manager			
rocessed 08/05/2014 * Electronically provided signatures are accepted as original signatures.						