No. W 20592		Due no later than Sep 30, 2011	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. APOTHECARY PROFESSIONAL SERVICES, LLC JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113	2104 SILVE BOISE ID	JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JAN POREBA		2104 SILVER CREEK LN	BOISE	ID	USA	83706-6113	
5. Organized Under the Laws of: ID W 20592		6. Annual Report must be signed.* Signature: Jan Poreba Name (type or print): Jan Poreba	Date: 08/16/2011 Title: Manager				
Processed 08/16/2011 * Electronically provided signatures are accepted as original signatures.							