

No. C 134400		Due no later than Jun 30, 2016 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. WHEELER'S PHARMACY, INC. BILL J WHEELER PO BOX 797 CASCADE ID 83611		BILL J WHEELER 104 N MAIN CASCADE ID 83611				
						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		
DIRECTOR	JO ANN WHEELER	PO BOX 797	CASCADE	ID	USA	83611		
DIRECTOR	BILL J WHEELER	PO BOX 797	CASCADE	ID	USA	83611		
SECRETARY	JO ANN WHEELER	PO BOX 797	CASCADE	ID	USA	83611		
PRESIDENT	BILL J. WHEELER	PO BOX 797	CASCADE	ID	USA	83611		
5. Organized Under the Laws of: ID C 134400		6. Annual Report must be signed.* Signature: Bill J. Wheeler Name (type or print): Bill J. Wheeler						Date: 06/22/2016 Title: President
Processed 06/22/2016 * Electronically provided signatures are accepted as original signatures.								