

No. W 74035	Due no later than May 31, 2009 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. AHLQUIST PHARMACY, LLC 13901 W WAINWRIGHT BOISE ID 83709	ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702- USA			
		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	J THOMAS AHLQUIST III	13901 W WAINWRIGHT #B	BOISE	ID	USA 83713
5. Organized Under the Laws of: ID W 74035	6. Annual Report must be signed.* Signature: HShapio Name (type or print): HShapio		Date: 05/05/2009 Title: Bookkeeper		
Processed 05/05/2009		* Electronically provided signatures are accepted as original signatures.			