No. <b>C 208984</b>		Due no later than Feb 28, 2017		2. Registered Age	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MIND YOUR MEDS, INC JUSTIN MESSENGER 723 E 97 N IDAHO FALLS ID 83401		723 E 97 N	JUSTIN MESSENGER 723 E 97 N IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
4. Corporations: Ent	er Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JUSTIN MES	SENGER	723 E 97 N	IDAHO FALLS	ID	USA	83401	
DIRECTOR LOGAN WAETJE		TJE	957 LIMESTONE DR	IDAHO FALLS	ID		83404	
SECRETARY LONNIE PYPER		ER	2225 S BOULEVARD	IDAHO FALLS	ID		83404	
DIRECTOR	KERRY CASI	PERSON	114 N 755 W	BLACKFOOT	ID		83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 208984		Signature: Justin Messenger			Date: 12/23/2016			
		Name (type o		Title: President				
Processed 12/23/20	16	* Electronically p	rovided signatures are accepted as origina	al signatures.				