No. <b>W 185311</b>		Due no later than Jul 31, 2018		2. Re	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.  TETON PHARMACY OF ST. ANTHONY, LLC 2470 JAFER CT IDAHO FALLS ID 83404		23 RIG	JASON M BAILEY 231 N 5TH WEST RIGBY ID 83442  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at le	ast one Member or Manager.					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
MEMBER WAYD L BA		ILEY 2	2470 JAFER CT	IDAŀ	HO FALLS	ID	USA	83404
5. Organized Under the Laws of:  ID  W 185311		6. Annual Report must be signed.* Signature: Jason M Bailey Name (type or print): Jason M Bailey			Date: 05/23/2018 Title: Owner			
Processed 05/23/2018 * Electronically provided signatures are accepted as original signatures.								