

No. C 66957		Due no later than Jun 30, 2013 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. KOHAL PHARMACY, INC. NICKI KOHAL P.O. BOX 108 PINEHURST ID 83850 USA		ALAN D KOHAL 740 MCKINLEY AVE KELLOGG ID 83837			
						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	PAUL BERGER	44068 SILVER VALLEY RD.	KINGSTON	ID	USA	83839	
DIRECTOR	MICHAEL OUIMET	60 COPE FARMS RD	FARMINGTON	CT	USA	06032	
DIRECTOR	WILLIAM B BOOTH	8136 STONEHAVEN	HAYDEN	ID	USA	83835	
TREASURER	TIMOTHY A KOHAL	1236 EDGEWOOD CIRCLE	COEUR D'ALENE	ID	USA	83815	
SECRETARY	MONICA A KOHAL	PO BOX 108	PINEHURST	ID	USA	83850	
PRESIDENT	MONICA A KOHAL	PO BOX 108	PINEHURST	ID	USA	83850	
5. Organized Under the Laws of: ID C 66957		6. Annual Report must be signed.* Signature: Monica A Kohal Name (type or print): Monica A Kohal					
		Date: 06/11/2013 Title: President/Secretary					
Processed 06/11/2013		* Electronically provided signatures are accepted as original signatures.					