No. <b>C 85936</b>	Due no later than Feb 29, 2012	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	WILLIAM O EDWARDS
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if need NORTHWEST PHARMACY SERVICES, INC. WIL O EDWARDS PO BOX 657	POTLATCH ID 83855
NO FILING FEE IF RECEIVED BY DUE DATE	POTLATCH ID 83855 USA	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
PRESIDENT WILLIAM O DIRECTOR WILLIAM O SECRETARY WILLIAM O	EDWARDS 525 PINE ST	POTLATCH ID USA 83855-0657 POTLATCH ID USA 83855 POTLATCH ID USA 83855
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID C 85936	Signature: Wil Name (type or print): Wil	Date: 12/09/2011 Title: Edwards
Processed 12/09/2011 * Electronically provided signatures are accepted as original signatures.		