No. C 70195	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013	2. Registered Agent and Office (NOT A P.O. BOX) LAURA D HEITZMAN 523 THAIN ROAD LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ORCHARDS PHARMACY, INC. P. STEVEN HEITZMAN 523 THAIN ROAD LEWISTON ID 83501	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Laura Heitzman	523 Thain Rd	Lewiston	ID	NP	83501
VP	P.Steven Heitzman	523 Thain Rd	Lewiston	ID	NP	83501
Treasurer	Tracy L. Heitzman	523 Thain Rd	Lewiston	ID	NP	83501
Secretary	Anna M Ross	523 Thain Rd	Lewiston	ID	NP	83501

5. Organized Under the Laws of:	6.
IDAHO C 70195	Signature: P. Steven Heitzman Date: 9-26-2013 Name (type or print): P Steven Heitzman Title: V.P

Issued 09/26/2013 by DKJ

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM