

No. C 60431		Due no later than Feb 29, 2016 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. JACK'S PHARMACY INCORPORATED CHAD M BROWN 103 E COLLEGE AVE ST. MARIES ID 83861		CHAD M BROWN 317 CHRISTMAS HILLS RD ST. MARIES ID 83861			
						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	LISA D BROWN	103 E COLLEGE AVE	ST. MARIES	ID	USA	83861	
DIRECTOR	CHAD M BROWN	103 E COLLEGE AVE	ST. MARIES	ID	USA	83861	
SECRETARY	LISA D BROWN	103 E COLLEGE AVE	ST. MARIES	ID	USA	83861	
PRESIDENT	CHAD M BROWN	103 E COLLEGE AVE	ST. MARIES	ID	USA	83861	
5. Organized Under the Laws of: ID C 60431		6. Annual Report must be signed.* Signature: Chad Brown Name (type or print): Chad Brown					
		Date: 12/23/2015 Title: President					
Processed 12/23/2015 * Electronically provided signatures are accepted as original signatures.							