

No. C 146422

Due no later than November 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ALLEN PHARMACY SERVICES, INC.
23 N BRIDGE ST
ST ANTHONY, ID 83445PAUL ALLEN
2062 ST CLAIR
IDAHO FALLS, ID 83404NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

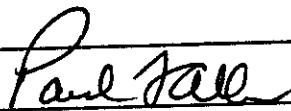
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	PAUL ALLEN	751 E. TARGHEE	SAINT ANTHONY	ID	83445
VICE-PRES/ Secretary	LORA ALLEN	751 E. TARGHEE	SAINT ANTHONY	ID	83445

5. Organized Under the Laws of:
IDAHO
C 146422

6.

Signature



Date

10/19/08

Name

(Typed or
Printed)

PAUL L. ALLEN

Title

PRESIDENT

Issued 09/02/2008

Do Not Tape or Staple

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