No. **C 186650**	**Due no later than Mar 31, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** DOC'S PHARMACY INC. MICHELLE DUHON 624 LARCH SANDPOINT ID 83864	MICHELLE DUHON 11168 N PATTY DR HAYDEN ID 83835 3. New 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	MICHELLE DUHON	11168 N PATTY DR	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 186650**	Signature: MICHELLE DUHON	Date: 01/20/2016
	Name (type or print): MICHELLE DUHON	Title: PRESIDENT

Processed 01/20/2016

* Electronically provided signatures are accepted as original signatures.