No. <b>C 66957</b>		Due no later than Jun 30, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  KOHAL PHARMACY, INC.  NICKI KOHAL  P.O. BOX 108  PINEHURST ID 83850		2. Registered Age	2. Registered Agent and Address (NO PO BOX)  MONICA KOHAL 740 MCKINLEY AVE KELLOGG ID 83837  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				740 MCKINLEY KELLOGG ID 8				
		 ess Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR DIRECTOR TREASURER SECRETARY PRESIDENT	PAUL BERGE MICHAEL OL WILLIAM B TIMOTHY A MONICA A MONICA A	JIMET BOOTH KOHAL KOHAL	PO BOX 2 60 COPE FARMS RD 8136 STONEHAVEN 6103 STE. CROIX PO BOX 108 PO BOX 108	CATALDO FARMINGTON HAYDEN COEUR D'ALENE PINEHURST PINEHURST	ID CT ID ID ID ID	USA USA USA USA USA USA	83810 06032 83835 83815 83850 83850	
5. Organized Under the Laws of:  ID  C 66957		6. Annual Report must be signed.* Signature: Monica Kohal Name (type or print): Monica Kohal			Date: 05/31/2018 Title: President			
Processed 05/31/2018		* Electronically provided signatures are accepted as original signatures.						