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| No. C 34789 | Due no later than Aug 31, 2012 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. MEDICAL CLINIC PHARMACY, INC. TYLER C HIGGINS 315 ELM STE 150 CALDWELL ID 83605 USA | | TYLER HIGGINS 1024 BIG CREEK CIR NAMPA ID 83686 | | | |
| | | | 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 |
| SECRETARY | LORI ZOE HIGGINS | 1024 BIG CREEK CIRCLE | NAMPA | ID | USA | 83686 |
| PRESIDENT | TYLER CARL HIGGINS | 1024 BIG CREEK CIRCLE | NAMPA | ID | USA | 83686 |
| 5. Organized Under the Laws of: ID C 34789 | 6. Annual Report must be signed.* Signature: Tyler C Higgins Name (type or print): Tyler C Higgins | | Date: 06/14/2012 Title: President | | | |
| Processed 06/14/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |