

No. C 70195		Due no later than Jun 30, 2011		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. ORCHARDS PHARMACY, INC. P. STEVEN HEITZMAN 523 THAIN ROAD LEWISTON ID 83501		LAURA D HEITZMAN 523 THAIN ROAD LEWISTON ID 83501			
				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	
TREASURER	TRACY L HEITZMAN	523 THAIN RD	LEWISTON	ID	USA	83501	
SECRETARY	ANNA M ROSS	523 THAIN RD	LEWISTON	ID	USA	83501	
PRESIDENT	LAURA HEITZMAN	523 THAIN RD	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 70195		6. Annual Report must be signed.* Signature: P. steven heitzman Name (type or print): P. steven heitzman Date: 04/15/2011 Title: Vice President					
Processed 04/15/2011		* Electronically provided signatures are accepted as original signatures.					