

No. <b>C 78336</b>		<b>Due no later than Apr 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GLENWOOD PHARMACY, INC. PATRICIA LD PETERSON P. O. BOX 2625 OROFINO ID 83544 USA		PATRICIA L.D. PETERSON 1105 MICHIGAN AVENUE OROFINO ID 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	PATRICIA LD PETERSON	PO BOX 2625 1105 MICHIGAN AVE	OROFINO	ID	USA	83544	
PRESIDENT	PATRICIA LD PETERSON	PO BOX 2625 1105 MICHIGAN AVE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:  <b>ID</b> <b>C 78336</b>		6. Annual Report must be signed.*  Signature: Patricia Peterson Name (type or print): Patricia Peterson					
		Date: 02/11/2012 Title: President					
Processed 02/11/2012      * Electronically provided signatures are accepted as original signatures.							