

No. C 134400	Due no later than Jun 30, 2009 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. WHEELER'S PHARMACY, INC. BILL J WHEELER PO BOX 797 CASCADE ID 83611 USA		BILL J WHEELER 104 N MAIN CASCADE ID 83611			
			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
DIRECTOR	JO ANN WHEELER	PO BOX 797	CASCADE	ID	USA	83611
DIRECTOR	BILL J WHEELER	PO BOX 797	CASCADE	ID	USA	83611
SECRETARY	JO ANN WHEELER	PO BOX 797	CAS	ID	USA	83611
PRESIDENT	BILL J. WHEELER	PO BOX 797	CASCADE	ID	USA	83611
5. Organized Under the Laws of: ID C 134400	6. Annual Report must be signed.* Signature: Bill J Wheeler Name (type or print): Bill J Wheeler		Date: 05/01/2009 Title: Pres			
Processed 05/01/2009		* Electronically provided signatures are accepted as original signatures.				