No. **C 101083**	**Due no later than Feb 29, 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.** JOHN'S MEDIC PHARMACY, INC. JOHN ANDERSON 523 11TH AVE N NAMPA ID 83687 USA	JOHN ANDERSON 523 11TH AVE N NAMPA ID 83687 3. New 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	SANDRA ANDERSON	12445 S CARRIAGE HILL WAY	NAMPA	ID	USA	83686
PRESIDENT	JOHN A ANDERSON	12445 S CARRIAGE HILL WAY	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 101083**	Signature: John Anderson Name (type or print): John Anderson	Date: 12/14/2011 Title: Pres

Processed 12/14/2011

* Electronically provided signatures are accepted as original signatures.