No. C 91340		Due no later than Jan 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST VALUE PHARMACIES, INC. RON HEMBERRY 13010 HWY 12 OROFINO ID 83544		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2706 SUNS LEWISTON	RON HEMBERRY 2706 SUNSET DR LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine								
	Name	233 7 (44) 23323 37 1	Street or PO Address	City	State	Country	Postal Code	
	KATHLEEN HEMBERRY RON E HEMBERRY		2706 SUNSET DR 2706 SUNSET DR.	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 91340		Signature: Ro		Date: 03/11/2013				
		Name (type or		Title: President				
Processed 03/11/2013	* Electronically provided signatures are accepted as original signatures.							