No. **C 34789**	**Due no later than Aug 31, 2013**	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.** MEDICAL CLINIC PHARMACY, INC. TYLER C HIGGINS 315 ELM STE 150 CALDWELL ID 83605 USA	TYLER HIGGINS 1024 BIG CREEK CIR NAMPA ID 83686 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	LORI ZOE HIGGINS	1024 BIG CREEK CIRCLE	NAMPA	ID	USA	83686
PRESIDENT	TYLER CARL HIGGINS	1024 BIG CREEK CIRCLE	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 34789**	Signature: Tyler Higgins	Date: 06/27/2013
	Name (type or print): Tyler Higgins	Title: President

Processed 06/27/2013

* Electronically provided signatures are accepted as original signatures.