No. **C 85936**	**Due no later than Feb 28, 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.** NORTHWEST PHARMACY SERVICES, INC. WIL O EDWARDS PO BOX 657 POTLATCH ID 83855 USA	WILLIAM O EDWARDS 525 PINE ST POTLATCH ID 83855 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
PRESIDENT	WILLIAM O EDWARDS	525 PINE ST	POTLATCH	ID	USA	83855-0657
DIRECTOR	WILLIAM O EDWARDS	525 PINE ST	POTLATCH	ID	USA	83855-0657
SECRETARY	ANDRA O EDWARDS	525 PINE ST	POTLATCH	ID	USA	83855-0657

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 85936**	Signature: Wil Edwards	Date: 01/07/2013
	Name (type or print): Wil Edwards	Title: President

Processed 01/07/2013

* Electronically provided signatures are accepted as original signatures.