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|--|-------------------|---|-----------|---|------------------|-------------|--|
| No. C 126525 | | Due no later than Dec 31, 2014 | | 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 | | DOUGLAS E CLAYTON 509 EAST MAIN ST KENDRICK 83537 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | RED CROSS PHARMACY, INC. HEATHER C BREITBACH LAWLESS PO BOX 131 509 E. MAIN ST KENDRICK ID 83537 USA | | | | | |
| 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 | HEATHER C LAWLESS | 403 WARD ST BOX 388 | JULIAETTA | ID | USA | 83535 | |
| VICE PRESIDENT | RICK R LAWLESS | 403 WARD STREET | JULIAETTA | ID | USA | 83535 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 126525 | | Signature: Heather Lawless | | | Date: 01/13/2015 | | |
| | | Name (type or print): Heather Lawless | | | Title: President | | |
| Processed 01/13/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |