

No. C 101083		Due no later than Feb 28, 2011		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. <u>New</u> 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: ID C 101083		6. Annual Report must be signed.* Signature: John Anderson Name (type or print): John Anderson					
Date: 03/12/2011 Title: President							
Processed 03/12/2011		* Electronically provided signatures are accepted as original signatures.					