No. C 105851  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  GARY D SACKMAN 414 MAIN STREET GOODING ID 83330  3. New Registered Agent Signature:*			
		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KENDRICK PHARMACY, INC. GARY D SACKMAN 414 MAIN ST GOODING ID 83330 USA					
4. Corporations: Enter Nam	nes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	GARY D SACKMAN		414 MAIN STREET	GOODING	ID	USA	83330
SECRETARY			414 MAIN STREET	GOODING	ID	USA	83330
DIRECTOR			407 DUBOIS AVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*					
ID		Signature: Gary Sackman Date: 02/09/2014					
C 105851		Name (type or		Title: President			
Processed 02/09/2014 *		* Electronically provided signatures are accepted as original signatures.					