| No. C 204679 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Jan 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. ACARIAHEALTH PHARMACY #13, INC. 818 W SEVENTH ST LOS ANGELES CA 90017 | | 2 | 2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | | |
|--|-----------------|---|----------------------------------|-----------|--|-------|---------|-------------|--|
| | | | | | | | | | |
| 4. Corporations: Enter N | Names and Busin | ess Addresses of President, | Secretary, and Directors. Treas | surer (o | ptional). | | | | |
| Office Held | Name | 9 | Street or PO Address | | City | State | Country | Postal Code | |
| PRESIDENT | DONALD HO | WARD 8 | 18 W SEVENTH ST | | LOS ANGELES | CA | USA | 90017 | |
| SECRETARY | JASON HARI | ROLD 8 | 318 W SEVENTH ST | | LOS ANGELES | CA | USA | 90017 | |
| TREASURER | STEPHEN JE | NSEN 8 | 18 W SEVENTH ST | | LOS ANGELES | CA | USA | 90017 | |
| DIRECTOR | DONALD HO | WARD 8 | 318 W SEVENTH ST | | LOS ANGELES | CA | USA | 90017 | |
| DIRECTOR | JASON HARI | ROLD 8 | 318 W SEVENTH ST | | LOS ANGELES | CA | USA | 90017 | |
| DIRECTOR | JEFFREY FIS | SHER 8 | 318 W SEVENTH ST | | LOS ANGELES | CA | USA | 90017 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| CA C 204679 | | Signature: Michelle Donato | | | Date: 12/08/2015 | | | | |
| | | Name (type or print): Michelle Donato | | | Title: POA | | | | |
| Processed 12/08/2015 | | * Electronically provided sign | gnatures are accepted as origina | al signat | tures. | | | | |

| No. L 6939 | | Due no later than Dec 31, 2014 | | 2. Registered A | 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. MUHLESTEIN PROPERTIES 2 LLLP DAN MUHLESTEIN 555 GOLDENWILLOW DR REXBURG ID 83440 | | JARED W ALLEN 2105 CORONADO ST IDAHO FALLS 83404 3. New Registered Agent Signature:* | | | | | |
| | | | | | | | | | Office Held |
| GENERAL PARTNER DAN MUHLES | | STEIN 555 GOLDENWILLOW DR | | REXBURG | ID | | 83440 | | |
| GENERAL PARTNER | ANNETTE MUHLESTEIN | | 555 GOLDENWILLOW DR | REXBURG | ID | | 83440 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Dan | Date: 12/08/2014 | | | | | | |
| L 6939 | | Name (type or print): Dan Muhlestein | | Title: general partner | | | | | |
| Processed 12/08/2014 | | * Electronically pro | ovided signatures are accepted as original s | ignatures. | | | | | |