No. C 198748		Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. VETERANS PHARMA INCORPORATED KEN SANGHA PO BOX 9200 KETCHUM ID 83340		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KEN SANGHA 451 4TH ST KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ness Addresses of President, Secretary, and Directors. Treasurer					
200	Name	ess riddi esses of Tresic	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	MADHOPUR	TRUST	PO BOX 9200	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID C 100740		6. Annual Report must be signed.* Signature: Ks			06/20/2014		
C 198748 Processed 06/20/2014		Name (type or print): Ks * Electronically provided signatures are accepted as original signatures.					