

No. <b>C 70195</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ORCHARDS PHARMACY, INC. P. STEVEN HEITZMAN 523 THAIN ROAD LEWISTON ID 83501		LAURA D HEITZMAN 523 THAIN ROAD LEWISTON ID 83501			
						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	
TREASURER	TRACY L HEITZMAN	523 THAIN RD	LEWISTON	ID	USA	83501	
SECRETARY	ANNA M ROSS	523 THAIN RD	LEWISTON	ID	USA	83501	
PRESIDENT	LAURA HEITZMAN	523 THAIN RD	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:  <b>ID</b> <b>C 70195</b>		6. Annual Report must be signed.*  Signature: P. Steven Heitzman Name (type or print): P. Steven Heitzman  Date: 04/14/2014 Title: Vice President					
Processed 04/14/2014		* Electronically provided signatures are accepted as original signatures.					