

No. C 146422		Due no later than Nov 30, 2016 Annual Report Form		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. ALLEN PHARMACY SERVICES, INC. PAUL L ALLEN 23 N BRIDGE ST ST ANTHONY ID 83445		PAUL ALLEN 751 E. TARGHEE SAINT ANTHONY ID 83445			
						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	LORA L ALLEN	751 E. TARGHEE	SAINT ANTHONY	ID	USA	83445	
PRESIDENT	PAUL L ALLEN	751 E. TARGHEE	SAINT ANTHONY	ID	USA	83445	
5. Organized Under the Laws of: ID C 146422		6. Annual Report must be signed.* Signature: paul allen Name (type or print): paul allen					
		Date: 10/22/2016 Title: president					
Processed 10/22/2016		* Electronically provided signatures are accepted as original signatures.					