

No. <b>C 85936</b>		<b>Due no later than Feb 29, 2016</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>  NORTHWEST PHARMACY SERVICES, INC. WIL O EDWARDS PO BOX 657 POTLATCH ID 83855		WILLIAM O EDWARDS 525 PINE ST POTLATCH ID 83855			
				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	
PRESIDENT	WILLIAM O EDWARDS	525 PINE ST	POTLATCH	ID	USA	83855-0657	
DIRECTOR	WILLIAM O EDWARDS	525 PINE ST	POTLATCH	ID	USA	83855-0657	
SECRETARY	ANDRA O EDWARDS	525 PINE ST	POTLATCH	ID	USA	83855-0657	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 85936</b>		Signature: WIL EDWARDS			Date: 01/12/2016		
		Name (type or print): WIL EDWARDS			Title: OWNER		
Processed 01/12/2016		* Electronically provided signatures are accepted as original signatures.					