| No. C 168144   |                                 | Due no later than Jul 31, 2018   |   | 2. Registered Ag           | 2. Registered Agent and Address (NO PO BOX)  |            |                |  |
|--|---------------------------------|--|---|----------------------------|--|------------|----------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>NO FILING FEE IF</b><br><b>RECEIVED BY DUE DATE</b> |                                 | Annual Report Form  1. Mailing Address: Correct in this box if needed.  PHAMARCY CARE CONSULTANTS, P.A. FRANK G EGBERT  3185 AMHERST CIR IDAHO FALLS ID 83404  Deess Addresses of President, Secretary, and Directors. Treasurer |   | 3185 AMHERS                | FRANK EGBERT<br>3185 AMHERST CIR<br>IDAHO FALLS ID 83404<br>3. <u>New</u> Registered Agent Signature:* |            |                |  |
|  |                                 |  |   |                            |  |            |                |  |
| Office Held  | Name                            | ess Addresses of Pr  | Street or PO Address                    | City                       | State  | Country    | Postal Code    |  |
| SECRETARY<br>PRESIDENT   | JERI T EGBERT<br>FRANK G EGBERT |  | 3185 AMHERST CIR<br>3185 AMHERST CIR    | IDAHO FALLS<br>IDAHO FALLS | ID<br>ID   | USA<br>USA | 83404<br>83404 |  |
| 5. Organized Under the Laws of:<br>ID<br>C 168144  |                                 | 6. Annual Report must be signed.*<br>Signature: Frank Egbert<br>Name (type or print): Frank Egbert   |   |                            | Date: 06/25/2018<br>Title: President   |            |                |  |
| Processed 06/25/2018   |                                 | * Electronically prov  | vided signatures are accepted as origin | al signatures.             |  |            |                |  |