No. <b>C 128940</b>	D	Due no later than May 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.		CYNTHIA HESPE 1670 E CHATHAM CT EAGLE ID 83616			
SECRETARY OF STATE	1. Mailing A						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FOUNDATION	IDAHO PHARMACY RESEARCH AND EDUCATION FOUNDATION, INC. EXECUTIVE DIRECTOR PO BOX 7625 BOISE ID 83707-1625 USA		EVOIT ID 02010			
				3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	d Business Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	A KILLINGSWORTH	2070 S. SPRINGBROOK LANE	BOISE	ID	USA	83706	
PRESIDENT SAM	HOAGLAND	702 W. IDAHO	BOISE	ID	USA	83702	
5. Organized Under the Laws of: 6. Annual Rep		rt must be signed.*					
ID	Signature: C	Signature: Cindy Hespe		Date: 07/09/2009			
C 128940	Name (type	Name (type or print): Cindy Hespe		Title: Executive Director			
Processed 07/09/2009	* Electronically	* Electronically provided signatures are accepted as original signatures.					