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| No. C 175967 | | Due no later than Nov 30, 2013 | | 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. ONTARIO PHARMACY, INC. JANICE E KEELE 1118 N.W. 16TH ST. #150 FRUITLAND ID 83619 USA | | JANICE KEELE 1118 N.W. 16TH ST. #150 FRUITLAND ID 83619 | | | |
| | | | | 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 | ROBERT WHEATLEY | 1118 N.W. 16TH ST. #150 | FRUITLAND | ID | USA | 83619 | |
| SECRETARY | ALICIA KEELE | 1118 N.W. 16TH ST. #150 | FRUITLAND | ID | USA | 83619 | |
| 5. Organized Under the Laws of: OR C 175967 | | 6. Annual Report must be signed.* Signature: Janice Keele Name (type or print): Janice Keele Date: 11/26/2013 Title: Office Manager | | | | | |
| Processed 11/26/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |