

No. C 175967		Due no later than Nov 30, 2013 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. 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.					