No. <b>C 70195</b>		Due no later than Jun 30, 2015		2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ORCHARDS PHARMACY, INC. P. STEVEN HEITZMAN 523 THAIN ROAD LEWISTON ID 83501		523 TH LEWIS	LAURA D HEITZMAN 523 THAIN ROAD LEWISTON 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nai	mes and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	TRACY L HEITZMAN		523 THAIN RD	LEWISTO	ON ID	USA	83501	
SECRETARY	ANNA M ROSS		523 THAIN RD	LEWISTO	ON ID	USA	83501	
PRESIDENT	LAURA HEITZMAN		523 THAIN RD	LEWISTO	ON ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID C 70195		Signature: P. Steven Heitzman			Date: 04/17/2015			
		Name (type or print): P. Steven Heitzman			Title: Vice President			
Processed 04/17/2015		* Electronically p	rovided signatures are accepted as origir	nal signatures.				