

No. C 68271		Due no later than Nov 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICINE MAN PHARMACY, INC. BRIAN MITCHELL JORGENSEN 1114 IRONWOOD DR COEUR D'ALENE ID 83814		BRIAN MITCHELL JORGENSEN 1114 IRONWOOD DRIVE COEUR D'ALENE ID 83814		
				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
DIRECTOR	JUDY M JORGENSEN	3488 E. PONDEROSA BLVD	POST FALLS	ID	USA	83854
TREASURER	BARRY W FEELY	9737 W. CIRCLE DRIVE	HAYDEN	ID	USA	83835
SECRETARY	DONALD R SMITH	9363 W DRIFTWOOD DRIVE	COEUR D ALENE	ID	USA	83814
PRESIDENT	BRIAN M JORGENSEN	3488 E. PONDEROSA BLVA	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID C 68271		6. Annual Report must be signed.* Signature: Brian M. Jorgensen Name (type or print): Brian M. Jorgensen Date: 09/16/2009 Title: Pres. Corp.				
Processed 09/16/2009		* Electronically provided signatures are accepted as original signatures.				