No. <b>C 34789</b>		Due no later than Aug 31, 2014		2. Registered	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.  MEDICAL CLINIC PHARMACY, INC.  TYLER C HIGGINS  315 ELM STE 150		1024 BIG CI	TYLER HIGGINS 1024 BIG CREEK CIR NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE		CALDWELL ID 83605 USA  3. New Registered Agent Signature:* ness Addresses of President, Secretary, and Directors. Treasurer (optional).		ignature:*				
	s and busin Name	ess Addresses of	Street or PO Address	City	State	Country	Postal Code	
SECRETARY LORI ZOE HIGGINS PRESIDENT TYLER CARL HIGGINS			1024 BIG CREEK CIRCLE 1024 BIG CREEK CIRCLE	NAMPA NAMPA	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 34789		Signature: Tyler Higgins Name (type or print): Tyler Higgins			Date: 06/13/2014 Title: Presidient			
Processed 06/13/2014	* Electronically provided signatures are accepted as original signatures.							