No. <b>W 84015</b>		Due no later than May 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TNT APOTHECARY, LLC TOM WADSWORTH 21323 WHITE WATER CIRCLE EAGLE RIVER AK 99577		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				660 E FRAN	PAUL J STARK 660 E FRANKLIN RD STE 110 MERIDIAN ID 83642  3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TOM WADS		WORTH	21323 WHITE WATER CIRCLE	ALASKA	AK	USA	99577	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas Wadsworth				Date: 06/19/2017		
W 84015		Name (type or		Title: Owner				
Processed 06/19/2017	rocessed 06/19/2017 * Electronically provided signatures are accepted as original signatures.							