

No. W 20592		Due no later than Sep 30, 2012		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. APOTHECARY PROFESSIONAL SERVICES, LLC JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113 USA		JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113	
				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	JAN POREBA	2104 SILVER CREEK LN	BOISE	ID	USA 83706-6113
5. Organized Under the Laws of: ID W 20592		6. Annual Report must be signed.* Signature: Jan Poreba Name (type or print): Jan Poreba Date: 10/08/2012 Title: Manager			
Processed 10/08/2012		* Electronically provided signatures are accepted as original signatures.			