No. C 146422	Due no later than Nov 30, 2017	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. ALLEN PHARMACY SERVICES, INC. PAUL L ALLEN 23 N BRIDGE ST ST ANTHONY ID 83445	PAUL ALLEN 751 E. TARGHEE SAINT ANTHONY ID 83445 3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Directors. Treasure	
Office Held Name	Street or PO Address	City State Country Postal Code
SECRETARY LORA L AL PRESIDENT PAUL L ALI		SAINT ANTHONY ID USA 83445 SAINT ANTHONY ID USA 83445
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: paul allen	Date: 11/30/2017
C 146422	Name (type or print): paul allen	Title: resident
Processed 11/30/2017	* Electronically provided signatures are accepted as original sig	gnatures.