

No. C 70195	Due no later than June 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX LAURA D HEITZMAN 523 THAIN ROAD LEWISTON, ID 83501
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ORCHARDS PHARMACY, INC. 523 THAIN ROAD LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Laura Heitzman	1507 Birch Ave	Lewiston	ID	83501
VP	P. Steven Heitzman	1507 Birch Ave	Lewiston	ID	83501
Sec	Tracy Heitzman	1927 Birch Ct	Lewiston	ID	83501

5. Organized Under the Laws of: IDAHO C 70195	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature <u>P. Steven Heitzman</u> </td> <td style="width: 40%;"> Date <u>4/11/08</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>PSTEVEN HEITZMAN</u> </td> <td> Title <u>VP</u> </td> </tr> </table>	6. Signature <u>P. Steven Heitzman</u>	Date <u>4/11/08</u>	Name (Typed or Printed) <u>PSTEVEN HEITZMAN</u>	Title <u>VP</u>
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Name (Typed or Printed) <u>PSTEVEN HEITZMAN</u>	Title <u>VP</u>				