

No. C 93917		Due no later than Dec 31, 2016 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MEDICINE MAN NORTH PHARMACY, INC. BARRY W FEELY 8093 CORNERSTONE DR HAYDEN ID 83835		BARRY W FEELY 8093 N CORNERSTONE DR HAYDEN ID 83835			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BARRY W FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835	
VICE PRESIDENT	JAN M FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835	
DIRECTOR	BRIAN M JORGENSEN	1114 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
SECRETARY	BARRY W FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID C 93917		6. Annual Report must be signed.* Signature: Barry W. Feely Name (type or print): Barry W. Feely					
		Date: 11/04/2016 Title: President					
Processed 11/04/2016 * Electronically provided signatures are accepted as original signatures.							