

No. W 20592		Due no later than Sep 30, 2018 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		1. Mailing Address: Correct in this box if needed. APOTHECARY PROFESSIONAL SERVICES, LLC JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113		JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name JAN POREBA	Street or PO Address 2104 SILVER CREEK LN	City BOISE	State ID	Country	Postal Code 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: 08/10/2018 Title: MANAGER				
Processed 08/10/2018 * Electronically provided signatures are accepted as original signatures.						