

No. C 204680		Due no later than Jan 31, 2017 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. ACARIAHEALTH PHARMACY #14, INC. 4225 NORTHGATE BLVD. STE.2 SACRAMENTO CA 95834 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
						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	JOHN SIVORI	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
SECRETARY	KEITH H. WILLIAMSON	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
TREASURER	STEPHEN JENSEN	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
VICE PRESIDENT	TRICIA DINKELMAN	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
DIRECTOR	DONALD HOWARD	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
DIRECTOR	JESSE N HUNTER	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
DIRECTOR	KEITH H. WILLIAMSON	4225 NORTHGATE BLVD. STE.2	SACRAMENTO	CA	USA	95834	
5. Organized Under the Laws of: CA C 204680		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 12/12/2016 Title: POA					
Processed 12/12/2016		* Electronically provided signatures are accepted as original signatures.					