No. C 101083 Due no later than February 29,		Registered Agent and Office NC	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 applicable JOHN'S MEDIC PHARMACY, INC. JOHN ANDERSON 523 11TH AVE N	JOHN ANDERSON 523 11TH AVE N NAMPA, ID 83687 3. New Registered Agent Signature	ire
NO FILING FEE IF RECEIVED BY DUE DATE	NAMPA, ID 83687		
4 Corporations: Enter Na	ames and Business Addresses of President, Se	ecretary and Directors.	
Office held Name	Street or P.O. Address	City State Zip	
Sec'y Dandra A	nderson " "	n n n	
5. Organized Under the Laws of IDAHO	Signature (Naped or	Date 3/25/14	<u> </u>
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