

|                                                                                                                                                        |                |                                                                                                                                         |           |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 48095</b>                                                                                                                                     |                | <b>Due no later than Sep 30, 2009</b>                                                                                                   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SANDPOINT DRUG, INC.<br>JOHN PORTER<br>604 N 5TH<br>SANDPOINT ID 83864 |           | JOHN A PORTER<br>RT. 3 BOX 246<br>SANDPOINT ID 83864 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                         |           | 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 |  |
| TREASURER                                                                                                                                              | LYNDA D BERGER | 1276 LIGNITE RD                                                                                                                         | SAGLE     | ID                                                   | USA     | 83860       |  |
| SECRETARY                                                                                                                                              | SUSAN A PORTER | 28 ALPEN ROSE LN                                                                                                                        | SANDPOINT | ID                                                   | USA     | 83864       |  |
| PRESIDENT                                                                                                                                              | JOHN A PORTER  | 28 ALPEN ROSE LN                                                                                                                        | SANDPOINT | ID                                                   | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 48095</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Lynda Berger<br>Name (type or print): Lynda Berger                                      |           |                                                      |         |             |  |
| Date: 07/21/2009<br>Title: Treas                                                                                                                       |                |                                                                                                                                         |           |                                                      |         |             |  |
| Processed 07/21/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                               |           |                                                      |         |             |  |