

No. <b>W 29312</b>		<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MAAG PRESCRIPTION CENTER, LLC KATHLEEN C MAAG PO BOX 115 POCATELLO ID 83204-0115		GREGORY A MAAG 333 W CENTER POCATELLO ID 83204			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	GREGORY A MAAG	333 W CENTER	POCATELLO	ID	USA	83201	
MEMBER	KATHLEEN C MAAG	333 W CENTER	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>W 29312</b>		6. Annual Report must be signed.*  Signature: Kathleen C. Maag Name (type or print): Kathleen C. Maag					
Processed 01/13/2011		Date: 01/13/2011 Title: Sec/treas.  * Electronically provided signatures are accepted as original signatures.					