No. **C 70306**	**Due no later than Jul 31, 2010** **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.** TETON CLINICAL PHARMACY, INC. JASON M BAILEY 3101 VALENCIA DR IDAHO FALLS ID 83404	JASON M BAILEY 3101 VALENCIA DR IDAHO FALLS ID 83404 3. New 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
SECRETARY	WAYD L BAILEY	3101 VALENCIA DR	IDAHO FALLS	ID	USA	83404
PRESIDENT	JASON M BAILEY	3101 VALENCIA DR	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 70306**	Signature: Jason M. Bailey	Date: 05/13/2010
	Name (type or print): Jason M. Bailey	Title: President

Processed 05/13/2010

* Electronically provided signatures are accepted as original signatures.