No. <b>C 134400</b>		Due no later than Jun 30, 2013		2. Registered A	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WHEELER'S PHARMACY, INC.  BILL J WHEELER  PO BOX 797  CASCADE ID 83611  USA		104 N MAIN CASCADE II	BILL J WHEELER 104 N MAIN CASCADE ID 83611  3. New Registered Agent Signature:*			
4. Corporations: Enter Na		ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR SECRETARY PRESIDENT	JO ANN WHEELER BILL J WHEELER JO ANN WHEELER BILL J. WHEELER		PO BOX 797 PO BOX 797 PO BOX 797 PO BOX 797	CASCADE CASCADE CASCADE CASCADE	ID ID ID ID	USA USA USA USA	83611 83611 83611 83611	
5. Organized Under the Laws of: 6.		6. Annual Repor	rt must be signed.*					
ID C 134400		Signature: Bill J. Wheeler Name (type or print): Bill J. Wheeler			Date: 05/04/2013 Title: President			
Processed 05/04/2013		* Electronically provided signatures are accepted as original signatures.						