No. C 162410		Due no later than Sep 30, 2014		2. Reg	2. Registered Agent and Address (NO 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 needed. PHARMACY DOCTORS, INC. (THE) SAMUEL A HOAGLAND 702 WEST IDAHO ST SUITE 1100 BOISE ID 83702		702 BOI	SAMUEL A HOAGLAND 702 W IDAHO ST STE 1100 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine			lent Secretary and Directors Treasur	er (optiona	al).			
Office Held Name		335 / 1441 33535 31 1 1 3313	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SAMUEL A HOAGLAND		KEY BANK CENTER 11TH FLOOR 70 IDAHO ST., SUITE 1100	^{)2 W.} BOISI	E ID	USA	83702	
5. Organized Under the Laws of: ID C 162410		6. Annual Report must be signed.* Signature: Samuel A. Hoagland			Date:	08/11/2014		
		Name (type or print): Samuel A. Hoagland			Title: Pres & Sect.			
Processed 08/11/2014	* Electronically provided signatures are accepted as original signatures.							