No. C 81931				2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		A EDWARD	A EDWARD REDDISH 215 EAST HAWAII NAMPA ID 83686			
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.						
		REDDISH PHARMACY, INC. A EDWARD REDDISH 215 EAST HAWAII STE 100 NAMPA ID 83686 USA						
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KEVIN E. RI	EDDISH	215 E. HAWAII SUITE #100	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 81931		Signature: A.		Date: 06/09/2009				
		Name (type o		Title: President				
Processed 06/09/2009)	* Electronically provided signatures are accepted as original signatures.						