

|                                                                                                                                                        |                |                                                                                                                                                                              |           |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 85303</b>                                                                                                                                     |                | Due no later than Nov 30, 2013                                                                                                                                               |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PHARMACY SHOP INC.<br>EDWARD L SNELL<br>1015 E YOUNG<br>POCATELLO ID 83201 |           | EDWARD L. SNELL<br>1015 E YOUNG<br>POCATELLO ID 83201 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                              |           | 3. <u>New</u> 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 |  |
| PRESIDENT                                                                                                                                              | EDWARD L SNELL | 1015 E YOUNG                                                                                                                                                                 | POCATELLO | ID                                                    | USA     | 83201-5282  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 85303</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Edward Snell<br>Name (type or print): Edward Snell<br>Date: 09/24/2013<br>Title: President                                   |           |                                                       |         |             |  |
| Processed 09/24/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                    |           |                                                       |         |             |  |