No. W 180564		Due no later than Mar 31, 2018		2	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. TETON PHARMACY OF RIGBY LLC 2470 JAFER CT IDAHO FALLS ID 83404-5587 USA			JASON M BAILEY 231 N 5TH WEST RIGBY ID 83442 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JASON M BAILEY		231 N 5TH WESR		RIGBY	ID	USA	83442
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: JASON M BAILEY			Date: 03/05/2018			
W 180564		Name (type or print): JASON M BAILEY			Title: OWNER			
Processed 03/05/2018 * Electronically provided signatures are accepted as original signatures.								