

Annual Report Form  
Due No Later Than November 30, 1998

2. Registered Agent and Office NOT A P.O. BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

\* FIRST NOTICE \*

1. Mailing Address - Please Correct, If Not Correct

JOHN'S MEDIC PHARMACY, INC.  
JOHN ANDERSON  
523 11TH AVE N

NAMPA

ID 83657

JOHN ANDERSON  
523 11TH AVE N

NAMPA ID 83651

3. Organized Under the Laws of:

ID C101083

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

*Pres* *John A Anderson* *213 Cornwell Ave Nampa* *ID* *83657*

5. Signature of New Registered Agent

6.

Signature

Date

Name (Typed or Printed)

*[Signature]*  
*John A Anderson*

*7/17/98*

*Pres*

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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