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| No. C 105821 | | Due no later than Apr 30, 2010 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: 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. PRESTON DRUG, INC. CRAIG H HASLAM 39 N 1ST E PRESTON ID 83263 USA | | CRAIG H HASLAM 39 N 1ST E PRESTON ID 83263 | | | |
| | | | | | | 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 | |
| DIRECTOR | CRAIG H HASLAM | 39 N 1ST E | PRESTON | ID | USA | 83263 | |
| DIRECTOR | JANET LYNN HASLAM | 39 N 1ST E | PRESTON | ID | USA | 83263 | |
| 5. Organized Under the Laws of: ID C 105821 | | 6. Annual Report must be signed.* Signature: Craig H Haslam Name (type or print): Craig H Haslam Date: 02/10/2010 Title: Owner, Pharmacist In Charge | | | | | |
| Processed 02/10/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |