

No. C 101985		Due no later than Apr 30, 2016 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. ROCKY MOUNTAIN PHARMACEUTICALS, INC. MAUREEN T RANDALL 13159 13TH RD WEST HANFORD CA 93230-9666		JAMI J. GAVER 132 S 300 W JEROME ID 83338			
						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	MAUREEN T RANDALL	5799 13TH AVENUE	HANFORD	CA	USA	93230	
DIRECTOR	JAMI GAVER	132 S 300 W	JEROME	ID	USA	83338	
DIRECTOR	HAROLD M DES JARDINS	13159 13TH ROAD WEST	HANFORD	CA	USA	93230-9666	
DIRECTOR	MARILYN K BRACY	181 E ADRIAN WAY	HANFORD	CA	USA	93230-9666	
DIRECTOR	STANLEY E COSTA	4721 N SAFFORD	FRESNO	CA	USA	93704-9666	
TREASURER	MAUREEN T RANDALL	5799 13TH AVENUE	HANFORD	CA	USA	93230-9666	
PRESIDENT	JAMI GAVER	132 S 300 W	JEROME	ID	USA	83338-9666	
SECRETARY	HAROLD M DES JARDINS	13159 13TH ROAD WEST	HANFORD	CA	USA	93230-9666	
5. Organized Under the Laws of: CA C 101985		6. Annual Report must be signed.* Signature: maureen randall Name (type or print): maureen randall					
		Date: 03/02/2016 Title: treasurer					
Processed 03/02/2016 * Electronically provided signatures are accepted as original signatures.							