

| | | | | | | | |
|--|----------------------|--|---------|--|---------|--|--|
| No. C 78336 | | Due no later than Apr 30, 2008 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. GLENWOOD PHARMACY, INC. PATRICIA LD PETERSON P. O. BOX 2625 OROFINO ID 83544 | | PATRICIA L.D. PETERSON 1105 MICHIGAN AVENUE OROFINO ID 83544 | | | |
| | | | | | | 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 | |
| SECRETARY | PATRICIA LD PETERSON | PO BOX 2625 1105 MICHIGAN AVE | OROFINO | ID | USA | 83544 | |
| PRESIDENT | PATRICIA LD PETERSON | PO BOX 2625 1105 MICHIGAN AVE | OROFINO | ID | USA | 83544 | |
| 5. Organized Under the Laws of: ID C 78336 | | 6. Annual Report must be signed.* Signature: Patricia Peterson Name (type or print): Patricia Peterson | | | | | |
| | | Date: 02/13/2008 Title: President/Secretary | | | | | |
| Processed 02/13/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |