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| No. C 205241 | | Due no later than Mar 31, 2017 | | 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. WELL LIFE PHARMACY, INCORPORATED JEFFREY S FOSTER PO BOX 1687 BONNERS FERRY ID 83805 USA | | JEFFREY FOSTER 2718 PARKER CANYON RD BONNERS FERRY ID 83805 | | | |
| | | | | 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 | |
| PRESIDENT | JEFFREY FOSTER | PO BOX 1687 | BONNERS FERRY | ID | USA | 83805 | |
| SECRETARY | HEATHER FOSTER | PO BOX 1687 | BONNERS FERRY | ID | USA | 83805 | |
| 5. Organized Under the Laws of: WA C 205241 | | 6. Annual Report must be signed.* Signature: JEFFREY FOSTER Name (type or print): JEFFREY FOSTER Date: 01/24/2017 Title: PRESIDENT | | | | | |
| Processed 01/24/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |