No. C 60431		Due no later than Feb 28, 2011			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. JACK'S PHARMACY INCORPORATED CHAD M BROWN 103 E COLLEGE AVE ST. MARIES ID 83861			CHAD M BROWN 317 CHRISTMAS HILLS RD ST. MARIES ID 83861 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		less Addresses of President, Secretary, and Directors. Treasurer		acurar ((ontional)			
Office Held	Name	ess Addresses of Fresid	Street or PO Address	asurer (City	State	Country	Postal Code
DIRECTOR DIRECTOR SECRETARY PRESIDENT	LISA D BRC CHAD M BR LISA D BRC CHAD M BR	OWN WN	103 E COLLEGE AVE 103 E COLLEGE AVE 103 E COLLEGE AVE 103 E COLLEGE AVE		ST. MARIES ST. MARIES ST. MARIES ST. MARIES	ID ID ID ID	USA USA USA USA	83861 83861 83861 83861
5. Organized Under the Laws of: ID C 60431		6. Annual Report must be signed.* Signature: Chad M Brown Name (type or print): Chad M Brown			Date: 12/13/2010 Title: President			
Processed 12/13/2010 * Electronically provided signatures are accepted as original signatures.								