| No. C 144604 | Due no later than Jul 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|----------------------|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE | Annual Report Form 1. Mailing Address: Correct in this box if needed. B&B DRUG, INC. NEIL KOMODA 2425 CHANNING WAY IDAHO FALLS ID 83404 | | NEIL KOMODA 2425 CHANNING WAY IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | 25.110.17.220.25.05.1 | | or <u>rest.</u> regional survigion organismo. | | | |
| 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 NEIL (DT TE_NAME) KOMODA 2425 CHANNING WAY IDAHO FALLS ID USA 8340 | | | | | | 83404 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Neil Komoda | | Date: 05/12/2012 | | | |
| C 144604 | Name (type or print): Neil Komoda | | Title: President | | | |
| Processed 05/12/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | |