

No. C 178813		Due no later than Jun 30, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHAVER LTC PHARMACY INC TORI SHAVER 235 S 4TH AVE POCATELLO ID 83201		TORI SHAVER 235 S 4TH AVE POCATELLO ID 83201			
				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	LORRI SHAVER	422 SPOON DRIVE	POCATELLO	ID	USA	83204	
PRESIDENT	TORI SHAVER	422 SPOON DRIVE	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 178813		6. Annual Report must be signed.* Signature: Tori Shaver Name (type or print): Tori Shaver Date: 04/14/2010 Title: President					
Processed 04/14/2010		* Electronically provided signatures are accepted as original signatures.					