No. <b>C 203400</b>	Due no later than Sep 30, 2015	2. Registered	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.  STOKES PHARMACY INC. JOHN STOKES 1310 POMERELLE BURLEY ID 83318	JOHN STOKES 1310 POMERELLE BURLEY ID 83318  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4 Corporations: Enter Names and Bus	iness Addresses of President, Secretary, and Directors. Treasure	r (ontional)				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JOHN STO	KES 498 RIVERSIDE DR	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:  ID  C 203400	6. Annual Report must be signed.* Signature: John Stokes Name (type or print): John Stokes	Date: 07/20/2015 Title: President				
Processed 07/20/2015	* Electronically provided signatures are accepted as original signatures.					