

No. C 93917		Due no later than Dec 31, 2015		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. MEDICINE MAN NORTH PHARMACY, INC. BARRY W FEELY 8093 CORNERSTONE DR HAYDEN ID 83835		BARRY W FEELY 8093 N CORNERSTONE DR HAYDEN ID 83835		
				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	BARRY W FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835
PRESIDENT	BARRY W FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835
VICE PRESIDENT	JAN M FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835
DIRECTOR	BRIAN M JORGENSEN	1114 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 93917		6. Annual Report must be signed.* Signature: Barry W Feely Name (type or print): Barry W Feely Date: 10/23/2015 Title: President				
Processed 10/23/2015		* Electronically provided signatures are accepted as original signatures.				