No. C 206780	D	Due no later than Aug 31, 2017		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. WATKINS PHARMACY, INC. BENJAMIN WATKINS PO BOX 1250 CASCADE ID 83611		_	JOSEPH S KOZLOWSKI 136 E IDAHO AVE STE 200 MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Bus	iness Addresses of	f President, Secretary, and Directors. Tre	Pasurer (ontional)			
Office Held Name	iness radi esses of	Street or PO Address	casarer (City	State	Country	Postal Code
PRESIDENT BENJAMIN WATKINS		PO BOX 1250		CASCADE	ID	USA	83611
5. Organized Under the Laws of: ID C 206780	6. Annual Report must be signed.* Signature: Benjamin Watkins Name (type or print): Benjamin Watkins			Date: 08/31/2017 Title: President			
Processed 08/31/2017	* Electronically provided signatures are accepted as original signatures.						