No. <b>C 156283</b>		Due no later than Sep 30, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	R&J PHARM ROBERT N 69 N PINE S BLACKFOOT	Annual Report Form  1. Mailing Address: Correct in this box if needed.  R&J PHARMACY, INC.  ROBERT N MILLER  69 N PINE ST  BLACKFOOT ID 83221  USA		ROBERT N MILLER 69 N PINE BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		of President, Secretary, and Directors. Tre	easurer (ontional)				
Office Held Name	business Addresses	Street or PO Address	City	State	Country	Postal Code	
	T N MILLER ER F MILLER	654 W 30 S 654 W 30 S	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature:	Signature: Robert N Miller		Date: 08/12/2011			
C 156283	Name (type	Name (type or print): Robert N Miller		Title: President			
Processed 08/12/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					