

No. C 148166		Due no later than Mar 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. INDEPENDENT PHARMACISTS RELIEF SERVICE, INC. SAMUEL G DUNCAN 3804 MOSCOW MTN MOSCOW ID 83843		SAMUEL G DUNCAN 3804 MOSCOW MOUNTAIN RD MOSCOW ID 83843			
						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	DEBBIE A DUNCAN	3804 MOSCOW MTN RD	MOSCOW	ID	USA	83843	
PRESIDENT	SAM G DUNCAN	3804 MOSCOW MTN TD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID C 148166		6. Annual Report must be signed.* Signature: Sam Duncan Name (type or print): Sam Duncan					
		Date: 02/03/2009 Title: President					
Processed 02/03/2009		* Electronically provided signatures are accepted as original signatures.					