

ISSUED: 07-01-1993

No. 34789	Idaho Corporation Annual Report Form		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																										
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		DON C. TOLLEY 1820 RAY ST.																										
	1. Mailing Address  <b>MEDICAL CLINIC PHARMACY, INC. DON TOLLEY 203 EAST ELM  CALDWELL ID 83605</b>		CALDWELL ID 83605  3. Incorporated Under The Laws of ID NO: 34789																										
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Don Tolley</td> <td>1820 Ray</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Secretary: Mary Lou Tolley</td> <td>1820 Ray</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Directors: Don Tolley</td> <td>1820 Ray</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Mary Lou Tolley</td> <td>1820 Ray</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Don Tolley	1820 Ray	Caldwell	ID	83605	Secretary: Mary Lou Tolley	1820 Ray	Caldwell	ID	83605	Directors: Don Tolley	1820 Ray	Caldwell	ID	83605	Mary Lou Tolley	1820 Ray	Caldwell	ID	83605
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5. Nature of Business  <b>Pharmacy</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Don C. Tolley</u> Date <u>7-14-93</u> Name (Typed or Printed) _____ Title <u>Pres.</u>																											