

No. C 30595

Annual Report Form
Due No Later Than November 30, 1995

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

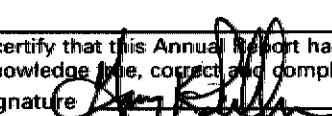
IDAHo FALLS ID 83401

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Gary Pullen R.Ph.	188 Springwood Lane	Idaho Falls	ID.	83406
Vice President/ Secretary	Stacy Pullen	188 Springwood Lane	Idaho Falls	ID.	83406

5. **NATURE OF BUSINESS**
PHARMACY

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 
 Name Typed Gary K. Pullen Printed Date 7-17-96
 Title President

ISSUED: 07-06-1996

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