

No. 34789	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX DON C. TOLLEY 1820 RAY ST. CALDWELL ID 83605																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> MEDICAL CLINIC PHARMACY, IN DON TOLLEY 203 EAST ELM CALDWELL ID 83605	3. Incorporated Under The Laws of ID NO: 034789																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Don Tolley</td> <td>1820 Ray</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Don Tolley	1820 Ray	Caldwell	ID	83605	Secretary:						Directors:					
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Secretary:																										
Directors:																										
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. <table border="1"> <tr> <td>Signature: <i>Don C. Tolley</i></td> <td>Date: <i>7-5-91</i></td> </tr> <tr> <td>Name (Typed or Printed): Don C. Tolley</td> <td>Title: president</td> </tr> </table>		Signature: <i>Don C. Tolley</i>	Date: <i>7-5-91</i>	Name (Typed or Printed): Don C. Tolley	Title: president																				
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