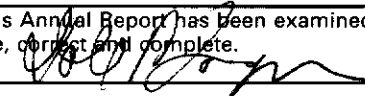


No. C 53858	Annual Report Form <i>Due No Later Than November 30, 1996</i>	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct OSBURN DRUG COMPANY DALE B. LAVIGNE BOX A	DALE B LAVIGNE 305 LARCH STREET OSBURN ID 83849																		
* FIRST NOTICE *		3. Organized Under the Laws of: ID C 53858																		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Dale B. Lavigne</td> <td>305 Larch St.</td> <td>Osburn</td> <td>ID</td> <td>83849</td> </tr> <tr> <td>Secretary:</td> <td>Lewis Lavigne</td> <td>Marler St., Montgomery Gulch,</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> </tbody> </table>	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Dale B. Lavigne	305 Larch St.	Osburn	ID	83849	Secretary:	Lewis Lavigne	Marler St., Montgomery Gulch,	Kellogg	ID	83837		
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President:	Dale B. Lavigne	305 Larch St.	Osburn	ID	83849															
Secretary:	Lewis Lavigne	Marler St., Montgomery Gulch,	Kellogg	ID	83837															
5. NATURE OF BUSINESS Retail Drug & Variety ANY LAWFUL	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  Date <u>10-16-96</u> Name <small>(Typed or Printed)</small> <u>Dale B. Lavigne</u> Title <u>President</u>																			

ISSUED: 07-06-1996

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