lo. C13198	5		nual Report Form Later Than November 30,	1996	2. Registered Agent a		OT A P.O. BOX
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		l. Mailing Address - Please Correct, If Not Correct			JAMI J. GAVER 132 S 300 W		
		ROCKY MOUNTAIN PHARMACEUTICA					
		13159 HANFORD-ARMONA RO HANFORD CA 93230			JEROME	I	D 83338
					3. Organized Under the Laws of:		
					l ca	c101985	
			ent, Secretary and Directo ies of D Managers or D		(check one)		
Office held	Name	<u> </u>	Street or P.O. Address		City-	State	<u>Zip</u>
President:	Jami (	aver	132 South 300	West	Jermoe	ID	83338
Secretary:			1225 N. Westla		${ t Fresno}$	CA	93722
Directors:	Harold	DesJardins	13159 Hanford		a Hanford	CA	93230
•	John S		13170 Hood Av		Hanford	CA	93230
			1225 N. Westla	awn	Fresno	$\mathbf{C}\mathbf{A}$	93722
	Jami 🤄	aver	233 Mt. View,	Drive	Jermoe	ID	83338
NATURE OF		S know Signa	SMACELITTONIS	mplete.	Date	)- 2 <u>2</u> -	96
			Printed)	amı Ga	verTitle_Pr		nt
ISSUED: 37-36-1995				5513			
			* <b>.</b>				