No. **C 99150**

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

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than Jul 31, 2000
Annual Report Form

1. Mailing Address - Correct in this box. if applicable

LOST RIVER PHARMACY, INC.

P O BOX 591

MACKAY, ID 83251

2. Registered Agent and Office **NO PO BOX**

DIANA L. NIELSON
4133 HWY 93 N

LESLIE, ID 83255

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Diana L Nielson	4133 Hwy 93 N	Leslie	Id	P3255
V Pres	Robert N Nielson	" "	"	"	"
Sec/Tres	Diana L Nielson	" "	"	"	"
Director	Robert N Nielson	" "	"	"	"

5. Organized Under the Laws of:

IDAHO
C 99150

6.
Signature Diana L Nielson Pres Date 6/12/2000
Name (Typed or Printed) Diana L Nielson Pres Time 11:45 AM

Issued 05/10/2000

Do Not Tape or Staple

735