

No. 99150	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office NOT A P.O. BOX DIANA L. NIELSON 218 N IDAHO
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — <i>Please Correct, If Not Correct</i> LOST RIVER PHARMACY, INC. DIANA L. NIELSON P O BOX 717 218 N IDAHO ST ARCO ID 83213	ARCO ID 83213 3. Incorporated Under The Laws of ID NO: 99150

4. Names and Addresses of Officers and Directors <table> <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>Diana L Nielson</td> <td>Rt 1 Box 1075</td> <td>Leslie</td> <td>Id</td> <td>83255</td> </tr> <tr> <td>Secretary:</td> <td>Diana L Nielson</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Robert N Nielson</td> <td>Same</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:	Diana L Nielson	Rt 1 Box 1075	Leslie	Id	83255	Secretary:	Diana L Nielson	Same				Directors:	Robert N Nielson	Same				MUST BE PRINTED OR TYPED
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																				
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Secretary:	Diana L Nielson	Same																							
Directors:	Robert N Nielson	Same																							

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> <tr> <td>Signature</td> <td><i>[Signature]</i></td> <td>Date</td> <td>10/4/94</td> </tr> <tr> <td>Name (Typed & Printed)</td> <td>Diana L Nielson</td> <td>Title</td> <td>Pres</td> </tr> </table>	Signature	<i>[Signature]</i>	Date	10/4/94	Name (Typed & Printed)	Diana L Nielson	Title	Pres
Signature	<i>[Signature]</i>	Date	10/4/94						
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