

Annual Report Form

1997

Due No Later Than November 30,

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

\* FIRST NOTICE \*

1. Mailing Address - Please Correct, If Not Correct

ALPHA-MED., INC.  
SHARREL D LEWIS  
3331 EAST CORONA AVENUE  
PHOENIX AZ 85040

MICHAEL LEE  
1494 THREE FOUNTAIN DRIVE  
IDAHO FALLS ID 83404

3. Organized Under the Laws of:

AZ C 84056

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President/Director SHARREL D. Lewis 3331 E. CORONA AVE Phoenix AZ 85040

Secretary/Director SANDRA LEWIS 3331 E. CORONA AVE Phoenix AZ 85040

5.

6.

Signature

*SD Lewis*

Date

7/31/97

Name (Typed or Printed)

SHARREL D. Lewis

Title

President

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

6176