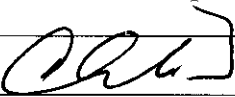
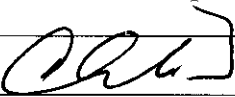
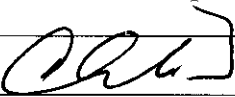


No. C 60431	Due no later than Feb 28, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX CHAD M BROWN 2211 CENTER ST. MARIES, ID 83861																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JACK'S PHARMACY INCORPORATED CHAD M BROWN 103 E. COLLEGE AVE. ST. MARIES, ID 83861	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Director</td> <td>Chad M. Brown</td> <td>103 E. College Ave</td> <td>St. Maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Director</td> <td>Lisa Brown</td> <td>103 E. College Ave</td> <td>St. Maries</td> <td>ID</td> <td>83861</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>	Director	Chad M. Brown	103 E. College Ave	St. Maries	ID	83861	Director	Lisa Brown	103 E. College Ave	St. Maries	ID	83861
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5. Organized Under the Laws of: IDAHO C 60431	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>1/8/01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>CHAD M. BROWN</u></td> <td>Title: <u>President</u></td> </tr> </table>		Signature 	Date <u>1/8/01</u>	Name (Typed or Printed) <u>CHAD M. BROWN</u>	Title: <u>President</u>														
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Name (Typed or Printed) <u>CHAD M. BROWN</u>	Title: <u>President</u>																			

Issued 12/05/2000

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