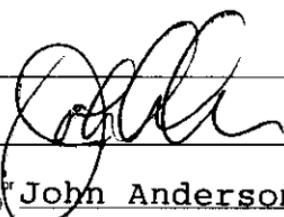


No. C 101083	Due no later than Feb 28, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOHN ANDERSON 523 11TH AVE N NAMPA, ID 83687																		
	JOHN'S MEDIC PHARMACY, INC. JOHN ANDERSON 523 11TH AVE N NAMPA, ID 83687																				
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>Pres</td> <td>John Anderson</td> <td>501 W Cobbleston Pl</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Sec'y</td> <td>Sandra Anderson</td> <td>501 W Cobbleston Pl</td> <td>Nampa</td> <td>ID</td> <td>83651</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>	Pres	John Anderson	501 W Cobbleston Pl	Nampa	ID	83651	Sec'y	Sandra Anderson	501 W Cobbleston Pl	Nampa	ID	83651
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5. Organized Under the Laws of: IDAHO C 101083	6. Signature  Date <u>2/10/02</u> Name <small>(Typed or Printed)</small> <u>John Anderson</u> Title <u>Pres</u>																				