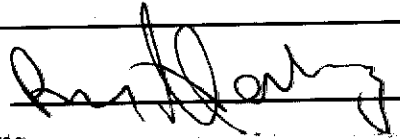


No. C 91340	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct NORTHWEST VALUE PHARMACIES, RON HEMBERRY 13010 HWY 12 OROFINO ID 83544		RON HEMBERRY 13010 HWY 12 OROFINO ID 83544 3. Organized Under the Laws of: ID C 91340																			
4. * FIRST NOTICE * Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>Ron Hemberry</td> <td>2706 Sunset Dr</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Sec</td> <td>Kathi Hemberry</td> <td>2706 Sunset Dr</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES	Ron Hemberry	2706 Sunset Dr	Lewiston	ID	83501	Sec	Kathi Hemberry	2706 Sunset Dr	Lewiston	ID	83501
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5. Signature of New Registered Agent		6. Signature  Date 7-15-99																				