

INSTRUCTIONS ON REVERSE SIDE

No. 34352	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX PRESTON D. SEELY A. JAMES SEALS
Return To	Due No Later Than November 30, 1995	208 HOLLY
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0980 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct if Not Correct SUPER THRIFT DRUGS, INC.	Nampa ID 83686
	MARY SEELY SUZANNE S. SEALS P.O. BOX 1019 PARMA ID 83660	3. Incorporated Under The Laws of ID NO: 34352

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	A. JAMES SEALS	209 E. ANDREWS	PARMA	Id.	83660
Secretary:	JODY SEELY	2012 HICKORY DR	NAMPA	Id.	83660
Directors:	SUZANNE S. SEALS	209 E. ANDREWS	PARMA	Id.	83660
	CAROLYN CRANER	5703 E. LOCUST LN.	NAMPA	Id.	83660

5. Nature of Business

 DRUG STORE, VARIETY,
 SPORTS, CRAFTS

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature



Date

9-4-95

Name (Typed or Printed)

A. JAMES SEALS

Title

PRESIDENT