

No. C105851	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		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 KENDRICK PHARMACY, INC. 414 MAIN STREET GOODING ID 83330		GARY D SACKMAN 414 MAIN STREET GOODING ID 83330																			
	3. Organized Under the Laws of: ID C105851																					
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 25%;"><u>Name</u></th> <th style="width: 35%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary D Sackman</td> <td>1229 main St.</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Secretary</td> <td>Shannon Sackman</td> <td>"</td> <td>"</td> <td>"</td> <td>"</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>	President	Gary D Sackman	1229 main St.	Gooding	ID	83330	Secretary	Shannon Sackman	"	"	"	"
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Secretary	Shannon Sackman	"	"	"	"																	
5. NATURE OF BUSINESS Retail pharmacy ANY LAWFUL		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 <u><i>[Signature]</i></u> Date <u>7-13-96</u> Name (Typed or Printed) <u>Gary Sackman</u> Title <u>President</u>																				

ISSUED: 07-06-1995

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