	INSTRUCTIO	NS ON REVERSE SIDE	ISSUED: 06-3	0-1990
No. 59171	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 1. Mailing Address — Please Correct		2. Registered Agent and Office ROBERT L. CROWLEY 598 ADDISON AVENUE WEST TWIN FALLS ID 83301 3. Incorporated Under The Laws of	
Return To				
Secretary of State Room 203, Statehouse Boise, ID 83720	MAGIC VALLEY DRUG, INC. S. L. CROWLEY P. O. BOX 242			
4. Names and Addresses of Office	ers and Directors			
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
Secretary: S	obert L. Crowley . L. Crowley	723 Northview 577 Buchanan	Twin Falls, Ida Twin Falls, Ida	
Directors: Sa	ame as above			
		·		
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
Pharmacy	Signature	Robert L Cw	7/6/90	
	Name (Typed or Printed)	Robert L. Crowley	Title Presi	dent

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