No. 84056	Idaho Corporation Annual Report Form  Due No Later Than November 1,1994  1. Mailing Address —  ALPHA-MED., INC.  SHARREL D LEWIS  3331 EAST CORONA AVENUE		2. Registered Agent and Office MICHAEL LEE 1494 THREE FOUNTAIN DRIVE	
Return To  Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080  * FIRST NOTICE *				
			3. Incorporated Under The Laws of AZ	
			NO FEE REQUIRED	PHOENIX
4. Names and Addresses of Office	rs and Directors		HAYPER	
	<u>Name</u>	Street or P.O. Address	<u>City</u> <u>S</u>	State Zip
President: SHARRE O. Secretary: SANDRA K.	LEWIS 3800 LEWIS 3800	LINCOLN DR #22 LINCOLN DR #22	PHOENIX AZ	25018 25018
Directors:				
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5. Nature of Business		this Annual Report has been exar	mined by me and is to the best o	of my knowledge
DISTRIBUTOR - MEDI SUPPL	Signature	and complete.	. Date <i>7 - 20</i>	
	Name (Typed or Printed)	SHAPPELLO LE	WIS Title	125