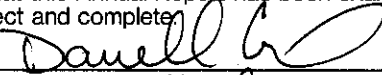
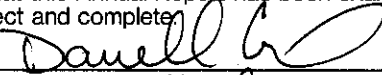
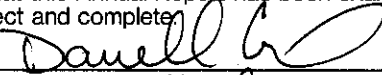


No. 29693	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		DARRELL L. COX 1221 BROADWAY BOISE ID 83706 610																									
	1. Mailing Address — Please Correct																											
	DRUGS, INC. DARRELL L. COX 1221 BROADWAY AVENUE BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 029693																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DARRELL COX</td> <td>3529 WINDSOR</td> <td>Boise</td> <td>IDAHO</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DARRELL COX	3529 WINDSOR	Boise	IDAHO	83705	Secretary:						Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	DARRELL COX	3529 WINDSOR	Boise	IDAHO	83705																							
Secretary:																												
Directors:																												
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.																											
RETAIL PHARMACY	<table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9-5-90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>DARRELL COX</td> <td>Title</td> <td>President</td> </tr> </table>				Signature		Date	9-5-90	Name (Typed or Printed)	DARRELL COX	Title	President																
Signature		Date	9-5-90																									
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