

No. C113221	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX DWIGHT D WALLACE 44 S MAIN ABERDEEN ID 83210
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct WALLACE PHARMACY, INC. DWIGHT D WALLACE 44 S MAIN PO Box J ABERDEEN ID 83210	3. Organized Under the Laws of: ID C113221
* FIRST NOTICE *		
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 type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
CEO	DWIGHT WALLACE	PO BOX J
Sec/Treas	Misty WALLACE	PO BOX J
Officer	FRANK WALLACE	PO BOX J
ABERDEEN	ID	83221
ABERDEEN	ID	83221
ABERDEEN	ID	83221
5. NATURE OF BUSINESS PHARMACY		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>Dwight Wallace CEO</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>DWIGHT WALLACE</u> Title <u>CEO</u>

ISSUED: 07-06-1995

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