No. C 669	57	Annual Report Form  Due No Leter Than November 30.	1997	2. Registered Agent a		OT 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 KOHAL PHARMACY, INC.		ALAN D. KOMAL 601 WEST CAMERON		
		ALAN D. KOHAL P.O. BOX 108		KELLOGG ID 83837		
				3. Organized Under the Laws of		
		PINEHURST ID 33850		ID	C	66957
		Business Addresses of President, Secretary and Director Names and Addresses of   Managers or   Medium Mediu		check one)		
Office held	Name	Street or P.O. Address		City	State	Zip
President Secretary Director Director	Monica ( William	D. Kohal P.O. Box 108 Nicki) Kohal P.O. Box 108 Booth 2215 N. Fairway Ouiment 60 Cope Farms Rd.	Pi	inehurst inehurst ird'Alene mington	ID ID ID CT	83850 83850 83814 06032
ISSUED:	<del>07=04=1</del>	Name (Typed or Alan D. Ko)  O NOT TAPE OR STAP			•	2-97 ent