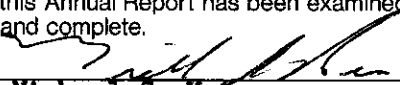
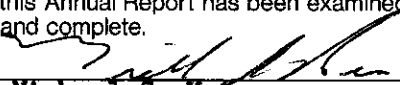
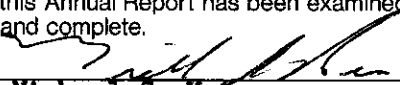


No. 85936	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	Due No Later Than November 1, 1990		MICHAEL S. HESS																									
	1. Mailing Address — Please Correct		619 S. WASHINGTON																									
	NORTHWEST PHARMACY SERVICES MICHAEL S. HESS 619 S. WASHINGTON  MOSCOW ID 83843		MOSCOW ID 83843 16  3. Incorporated Under The Laws of ID  NO: 085936																									
4. Names and Addresses of Officers and Directors <table border="1"> <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>Michael S. Hess</td> <td>619 S. Washington</td> <td>Moscow, ID</td> <td>83843</td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Janice K. Hess</td> <td>619 S. Washington</td> <td>Moscow, ID</td> <td>83843</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:	Michael S. Hess	619 S. Washington	Moscow, ID	83843		Secretary:	Janice K. Hess	619 S. Washington	Moscow, ID	83843		Directors:					
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Directors:																												
5. Nature of Business  <b>Retail Pharmacy</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/23/90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Michael S. Hess</td> <td>Title</td> <td>Pres.</td> </tr> </table>			Signature		Date	7/23/90	Name (Typed or Printed)	Michael S. Hess	Title	Pres.																
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