

No. C 105851	Due no later than Apr 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX GARY D SACKMAN 414 MAIN STREET GOODING, ID 83330																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable KENDRICK PHARMACY, INC. 414 MAIN ST GOODING, ID 83330	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary D Sackman</td> <td>1224 Main St.</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Secretary</td> <td>Shannon Sackman</td> <td>1229 Main St</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Gary D Sackman	1224 Main St.	Gooding	ID	83330	Secretary	Shannon Sackman	1229 Main St	Gooding	ID	83330
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 105851</div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>2-13-02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Gary Sackman</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature	Date <u>2-13-02</u>	Name <small>(Typed or Printed)</small> <u>Gary Sackman</u>	Title <u>President</u>														
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