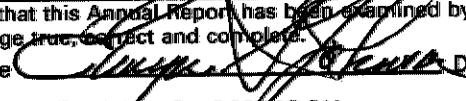


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|--|---|--|---|
| No. C 35888 | Annual Report Form Due No Later Than November 30, 1995 | | 2. Registered Agent and Office NOT A P.O. BOX |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED | 1. Mailing Address - Please Correct, If Not Correct IRWIN DRUG, INC. ELWYN JOHNSON 146 W MAIN ST GRANGEVILLE ID 83530 | | ELWYN G. JOHNSON 146 WEST. MAIN GRANGEVILLE ID 83530 3. Organized Under the Laws of: ID C 36888 |
| * FIRST NOTICE * | | | |

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|-------------|-----------------|------------------------|-------------|-------|-------|
| PRESIDENT | ELWYN G JOHNSON | 204 SOUTH A ST | GRANGEVILLE | ID | 83530 |
| SECRETARY | DIXIE M JOHNSON | 204 SOUTH A ST | GRANGEVILLE | ID | 83530 |
| DIRECTORS | BUDDY HOOD | P O BOX 392 | COTTONWOOD | ID | 83522 |

| | |
|--|--|
| 5. NATURE OF BUSINESS RETAIL DRUG | 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  Date 7/16/96 Name (Typed or Printed) ELWYN G JOHNSON Title PRESIDENT |
|--|--|

ISSUED: 07-06-1996

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