

## INSTRUCTIONS ON REVERSE SIDE

No. <b>084778</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1988</i>		2. Registered Agent and Office																																
Return To <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b> REC-100 SEC. OF STATE 98 AUG 22 AM 8 45	1. Mailing Address — <i>Please Correct</i> <b>084778</b>		<b>NORMAN C. GALEY 2822 SEAPORT DRIVE LEWISTON, IDAHO 83501</b> ENTERED AUG 22 1988																																
	<b>AARON L. GALEY, R. PH., P.O. AARON L. GALEY, R. PH., P ROUTE 2, BOX 2673 GRANDVIEW, WA 98930</b>																																		
4. Names and Addresses of Officers and Directors			3. Incorporated Under The Laws of <b>STATE OF WASHINGTON</b>																																
<table border="1"> <thead> <tr> <th data-bbox="41 399 297 436"></th> <th data-bbox="297 399 677 436"><u>Name</u></th> <th data-bbox="677 399 1073 436"><u>Street or P.O. Address</u></th> <th data-bbox="1073 399 1288 436"><u>City</u></th> <th data-bbox="1288 399 1453 436"><u>State</u></th> <th data-bbox="1453 399 1620 436"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="41 436 297 478">President:</td> <td data-bbox="297 436 677 478"><i>AARON L. Galey</i></td> <td data-bbox="677 436 1073 478"><i>212 Bx 2673</i></td> <td data-bbox="1073 436 1288 478"><i>Grandview</i></td> <td data-bbox="1288 436 1453 478"><i>Wash</i></td> <td data-bbox="1453 436 1620 478"><i>98930</i></td> </tr> <tr> <td data-bbox="41 478 297 521">Secretary:</td> <td data-bbox="297 478 677 521">.</td> <td data-bbox="677 478 1073 521">.</td> <td data-bbox="1073 478 1288 521">.</td> <td data-bbox="1288 478 1453 521">.</td> <td data-bbox="1453 478 1620 521">.</td> </tr> <tr> <td data-bbox="41 521 297 563">Directors:</td> <td data-bbox="297 521 677 563"><i>Tom. G. Byers</i></td> <td data-bbox="677 521 1073 563"><i>202 main st.</i></td> <td data-bbox="1073 521 1288 563"><i>BONNERS Ferry</i></td> <td data-bbox="1288 521 1453 563"><i>Id</i></td> <td data-bbox="1453 521 1620 563"><i>83805</i></td> </tr> <tr> <td data-bbox="41 563 297 606"></td> <td data-bbox="297 563 677 606"><i>Norm C. Galey</i></td> <td data-bbox="677 563 1073 606"><i>2822 Seaport Dr</i></td> <td data-bbox="1073 563 1288 606"><i>Lewiston</i></td> <td data-bbox="1288 563 1453 606"><i>ID</i></td> <td data-bbox="1453 563 1620 606"><i>83501</i></td> </tr> </tbody> </table>							<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	<i>AARON L. Galey</i>	<i>212 Bx 2673</i>	<i>Grandview</i>	<i>Wash</i>	<i>98930</i>	Secretary:	.	.	.	.	.	Directors:	<i>Tom. G. Byers</i>	<i>202 main st.</i>	<i>BONNERS Ferry</i>	<i>Id</i>	<i>83805</i>		<i>Norm C. Galey</i>	<i>2822 Seaport Dr</i>	<i>Lewiston</i>	<i>ID</i>	<i>83501</i>
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5. Nature of Business <i>Domestic Professional Service</i> <i>Retail Pharmacy Operation</i>	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 <i>Aaron L. Galey</i> Date <i>8-15-88</i> Name (Typed or Printed) <i>AARON L. GALEY</i> Title <i>President</i>																																		