| o. € 92634  | Annual Report Form  Due No Later Than November 30.   | 1775                                      | nt and Office NOT A P.O. BOX    |
|---|--|---|---------------------------------|
| eturn to:<br>SECRETARY OF STATE   | 1. Mailing Address - Please Correct, If Not Correct  | WINSTON<br>2105 COR                       | V. BEARD                        |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br>NO FEE REQUIRED | HUNTSMANS PHARMACY, INC.<br>WINSTON V. BEARD<br>2105 CORONADO  | IDAHO FA                                  | LLS ID 83404                    |
|   | 2105 CORONADO  | 3. Organized Und                          | 3. Organized Under the Laws of: |
| * FIRST NOTICE *  | IDAHO FALLS ID 8340  | 4 7495 ID                                 | C 92634                         |
|   | Addresses of President, Secretary and Director Names and Addresses of   Managers or  | rs<br>i Members (check one)               |                                 |
| Office held Name  | Street or P.O. Address   | City                                      | State Zip                       |
| Secretary Boyd V. I<br>Asst. Secretary Wins                                   | ston V. Beard 2105 Coronado  | Idaho Falls<br>Idaho Falls<br>Idaho Falls | ID 83401<br>ID 83404            |
| NATURE OF BUSINESS  | 6. I certify that this Annual Report knowledge true, correct and c | mplete.                                   | and is to the best of my        |
| PHARMACY  | Name (Typed or Winston V.  |   | Asst. Secretary                 |
| ISSUED: 37-06-19  | 196  |   | 8556                            |
|   |  |   |                                 |