

No. <b>C 93917</b>		<b>Due no later than Dec 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MEDICINE MAN NORTH PHARMACY, INC. BARRY W FEELY 8093 CORNERSTONE DR HAYDEN ID 83835		BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALENE ID 83814			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BARRY W FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835	
SECRETARY	JAN M FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	83835	
DIRECTOR	BRIAN M JORGENSEN	1114 IRONWOOD DR	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 93917</b>		6. Annual Report must be signed.*  Signature: BARRY W FEELY Name (type or print): BARRY W FEELY					
		Date: 10/30/2006 Title: PRESIDENT					
Processed 10/30/2006      * Electronically provided signatures are accepted as original signatures.							