No. 70306	Idaho Corporation Annual Report Form  Due No Later Than November 1, 1990  1. Mailing Address — Please Correct  TETON CLINICAL PHARMACY, IN WINSTON V. BEARD 683 N. CAPITAL, PO BOX 51		2. Registered Agent and Office  WINSTON V. BEARD  683 NORTH CAPITAL	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720				
			3. Incorporated Under The Laws of	
			NO FEE REQUIRED	IDAHO FALLS
4. Names and Addresses of Office	rs and Directors		<u> </u>	
	<u>Name</u>	Street or P.O. Address	<u>City</u> <u>Sta</u>	ate <u>Zip</u>
Secretary: V Directors: T		2001 S. Wood	Idaho Falls I druff Idaho Falls druff Idaho Falls druff Idaho Falls	ID 83404
5. Nature of Business	6. I certify that this true, correct an	s Annual Report has been exam	nined by me and is to the best of	f my knowledge
Pharmacy	Signature Name (Typed or G')	ony Grigos	Date 8/28/	90