

No. C 93917	Annual Report Form Due No Later Than November 30, 1999		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 MEDICINE MAN NORTH PHARMACY, BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALENE ID 83814		BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALEN ID 83814
* FIRST NOTICE *	COEUR D'ALENE ID 83814		3. Organized Under the Laws of: ID C 93917
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	Barry Feely	1338 Circle Dr	Hayden ID 83835
VICE PRESIDENT	Jan FEELY	1338 Circle Dr	Hayden ID 83835
Sec/Treas	Jan Feely	1338 Circle Dr	Hayden ID 83835
DIRECTOR	Brian Ojorgensen	1114 Ironwood Dr	CoourdAlene ID 83814
5. Signature of New Registered Agent		6. Signature <u><i>Barry W Feely</i></u> Date <u>7/25/99</u> Name (Typed or Printed) <u>BARRY W. FEELY</u> Title <u>PRESIDENT</u>	

ISSUED: 07-03-1999

28537