

October 11, 1994

A-AVENUE PHARMACY, L.L.C.  
JAMES TANZINI  
125 E IDAHO STE 101  
BOISE ID 83702

RE: A-AVENUE PHARMACY, L.L.C. File Number W 155

Dear Mr. Tanzini:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The name(s) and address(es) in block 4 have been completed, however, no box has been checked to specify if they are managers or members. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

ISSUED: 10-01-1994

No. 155	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office	
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	Due No Later Than November 1, 1994		JAMES TANZINI 125 E IDAHO STE 101  BOISE ID 83702	
	1. Mailing Address —  A- AVENUE PHARMACY, L.L.C. JAMES TANZINI 125 E IDAHO STE 101  BOISE ID 83702		3. Organized Under The Laws of ID NO: 155	
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
Name		Street or P.O. Address		City State Zip
James M. TANZINI		5699 FORTRESS CT		Boise ID 83703
SHAH AFSHAR		8620 W. Ringbill Crt.		Boise ID 83714
5. Signature of the Current Registered Agent (if changed in block 2)  _____		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 _____ Date 10-5-94 Name (Typed or Printed) JAMES M. TANZINI		