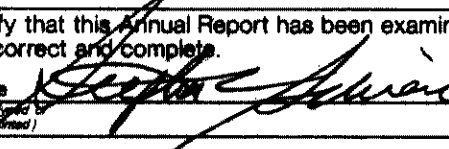
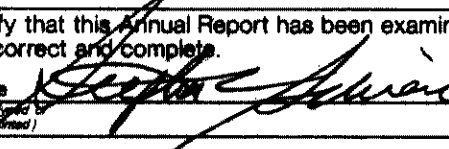
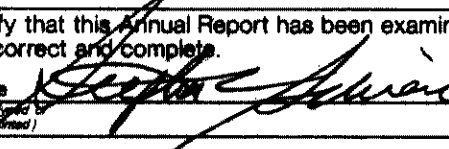


No. 36481	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 7, 1991		STEPHEN C. SCHIERS																									
	1. Mailing Address: <i>Please Correct If Not Correct</i>		2820 POLE LINE RD																									
	POLE LINE DRUG CO. STEPHEN C. SCHIERS 2820 POLELINE RD. POCATELLO ID 83201		POCATELLO ID 83201 3. Incorporated Under The Laws of ID NO: 036481																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Stephen C. Schiers</td> <td>8380 W. Buckskin Rd.</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>Donna J. Pickens</td> <td>1435 Kinghorn</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Stephen C. Schiers	8380 W. Buckskin Rd.	Pocatello	ID	83201	Secretary:	Donna J. Pickens	1435 Kinghorn	Pocatello	ID	83201	Directors:					
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Directors:																												
5. Nature of Business Retail Pharmacy		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>17 July 91</td> </tr> <tr> <td>Name (Printed)</td> <td></td> <td>Title</td> <td>Pres</td> </tr> </table>			Signature		Date	17 July 91	Name (Printed)		Title	Pres																
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