

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 11-14-1992

No. 93917	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	BARRY W FEELY 305 W KATHLEEN AVE
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct MEDICINE MAN NORTH PHARMACY, IN BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALENE ID 83814	COEUR D'ALENE ID 83814 3. Incorporated Under The Laws of ID NO: 93917

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	BARRY W. FEELY	1338 CIRCLE DR.	HAYDEN	ID	83835
Secretary:	JAN M. FEELY	1338 CIRCLE DR.	HAYDEN	ID	83835
Directors:	BRIAN M. JORGENSEN	1114 IRONWOOD DR	COEUR D'ALENE	ID	83814

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.

Signature


 Name (Typed or Printed) BARRY W. FEELY

Date

8.3.95

Title

PRESIDENT