

No. C 66957	Annual Report Form Due No Later Than November 30, 1996		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 KOHAL PHARMACY, INC. ALAN D. KOHAL P.O. BOX 108		ALAN D. KOHAL 501 WEST CAMERON KELLOGG ID 83837		
* FIRST NOTICE *		PINEHURST	ID 83850	ID C 66957	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> 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	Alan D. Kohal	P.O. Box 108	Pinehurst	ID	83850
Secretary	Nicki Kohal	P.O. Box 108	Pinehurst	ID	83850
Director	William Booth	2215 N. Fairway	Coeurd'Alene	ID	83814
Director	Michael Ouimet	60 Cope Farms Rd.	Farmington	CT	06032
5. NATURE OF BUSINESS PHARMACY DURABLE MEDICAL SUPPLIES		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 <u>Nicki Kohal</u> Date <u>July 19, 1996</u> Name (Printed) <u>Nicki Kohal</u> Title <u>Secretary</u>			

ISSUED: 07-06-1996

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