| 7077   | U.S.  |   | TS                   | SUED: 07                                  | - O E - 1 O : | بدر⊹ 1     |  |
|--|---|---|----------------------|---|---------------|------------|--|
| No. 73336  | Idaho Corporation Annual Report Form 2.R                |   |                      | ered Agent and                            | Office M      |            |  |
| Return To  | Due No Later Than November 1,                           |   | DONAL                | DONALD W. GOETSCH<br>1105 MICHIGAN AVENUE |               |            |  |
| Secretary of State   | 1. Mailing Address — Picara Contoct M Ant Concel        |   | 1105                 | MICHIGAR                                  | 4 AVENI       | JE         |  |
| Room 203, Statehouse<br>P.O. BOX 83720<br>Boise, ID 83720-0080 | GLENWOOD PHARMACY, INC. KATHLEEN GOETSCH P. O. BOX 2625 |   | ORIFCHO              |   | ID            | 83544      |  |
| * FIRST NOTICE *   |   |   |                      | 3. Incorporated Under The Laws            |               |            |  |
| NO FEE REQUIRED  | OROFINO   | ID 83544                                | of<br>NO:            | ID<br>78336                               | -             |            |  |
| 4. Names and Addresses of Officer                              | rs and Directors  | AND SHE STANKED FOR                     |                      |   |               |            |  |
|  | <u>Name</u>   | Street or P.O. Address                  | Selfer (M. der (m.)) | City                                      | <u>State</u>  | <u>Zip</u> |  |
| President: Denald was Secretary: Kathleen L                    | ). Goetsch<br>Goetsch                                   | P.O. Box 2625, 965 Miles                | Ave.                 | Orofino                                   | ID            | 83544      |  |
| Directors: 2 above   |   |   |                      |   | ٠.            |            |  |
| Lance L. Giese   |   | Rt. 1, Box 10554                        | *                    | tendrick                                  | ID            | 83537      |  |
|  |   |   |                      |   |               |            |  |
|  |   |   |                      |   |               |            |  |
|  |   |   |                      |   |               |            |  |
|  |   |   |                      |   |               |            |  |
| . Nature of Business   | 6. I certif   | y that this Annual Report has been exan | nined by me          | and is to the b                           | est of my k   | nowledge   |  |
| Retail Pharmacy  | Signature   | Karples J. J. J.                        | zel)                 | Date Aug                                  |               |            |  |
|  | Name Prin   | Kathleen L. Goet                        | sch                  | Title Vice                                | Preside       | ent        |  |