

No. 53858	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 1, 1991		DALE B LAVIGNE 305 LARCH STREET OSBURN ID 83849																									
	1. Mailing Address Please Correct If Not Correct																											
	OSBURN DRUG COMPANY DALE B. LAVIGNE BOX A OSBURN ID 83849		3. Incorporated Under The Laws of ID NO: 053858																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Dale B. Lavigne</td> <td>Box A</td> <td>Osburn</td> <td>ID</td> <td>83849</td> </tr> <tr> <td>Secretary:</td> <td>Lewis J. Lavigne</td> <td>Box A</td> <td>Osburn</td> <td>ID</td> <td>83849</td> </tr> <tr> <td>Directors:</td> <td colspan="5">Both of the above</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Dale B. Lavigne	Box A	Osburn	ID	83849	Secretary:	Lewis J. Lavigne	Box A	Osburn	ID	83849	Directors:	Both of the above				
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:	Lewis J. Lavigne	Box A	Osburn	ID	83849																							
Directors:	Both of the above																											
5. Nature of Business		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 border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed) Dale B. Lavigne</td> <td>8/15/91</td> </tr> <tr> <td></td> <td>Title President</td> </tr> </table>			Signature	Date	Name (Typed or Printed) Dale B. Lavigne	8/15/91		Title President																		
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Retail Pharmacy