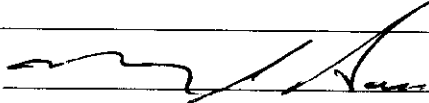


No. <b>C 85936</b>	<b>Due no later than Feb 28, 2002</b>		2. Registered Agent and Office <b>NO PO BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		MICHAEL S HESS																			
	1. Mailing Address - Correct in this box, if applicable NORTHWEST PHARMACY SERVICES, INC. MICHAEL S HESS 619 S. WASHINGTON STE 102  MOSCOW, ID 83843		619 S. WASHINGTON  MOSCOW, ID 83843  3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</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>Pres</td> <td>Michael S. Hess</td> <td>708 Vista</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>Secretary</td> <td>Danice K. Hess</td> <td>708 Vista</td> <td>MOSCOW</td> <td>ID</td> <td>83843</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Michael S. Hess	708 Vista	MOSCOW	ID	83843	Secretary	Danice K. Hess	708 Vista	MOSCOW	ID	83843
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Secretary	Danice K. Hess	708 Vista	MOSCOW	ID	83843																	
5. Organized Under the Laws of:  IDAHO C 85936		6. Signature  Date <u>12/10/01</u> Name (Typed or Printed) <u>Michael S. Hess</u> Title <u>Pres</u>																				