

INSTRUCTIONS ON REVERSE SIDE

No. 85936	Idaho Corporation Annual Report Form		ISSUED: 07-51-1995 2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1997		MICHAEL S. HESS 619 S. WASHINGTON MOSCOW ID 83843																									
	1. Mailing Address — Please Correct, If Not Correct NORTHWEST PHARMACY SERVICES, IN MICHAEL S. HESS 619 S. WASHINGTON MOSCOW ID 83843		3. Incorporated Under The Laws of ID NO: 85936																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <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>Michael S. Hess</td> <td>708 Vista</td> <td>MOSCOW</td> <td>ID.</td> <td>83843</td> </tr> <tr> <td>Secretary:</td> <td>Janice Hess</td> <td>708 Vista</td> <td>MOSCOW</td> <td>ID.</td> <td>83843</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Michael S. Hess	708 Vista	MOSCOW	ID.	83843	Secretary:	Janice Hess	708 Vista	MOSCOW	ID.	83843	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:	Janice Hess	708 Vista	MOSCOW	ID.	83843																							
Directors:																												
5. Nature of Business 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 <u>Michael S. Hess</u> Date <u>07-27-93</u> Name (Typed or Printed) <u>Michael S. Hess</u> Title <u>President</u>																										