

No. C 34352

Due no later than March 31, 2005
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

A JAMES SEALS
107 GROVE
PARMA, ID 83660

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SUPER THRIFT DRUGS, INC.
SUZANNE S SEALS
PO BOX 1019
PARMA, ID 83660

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	A. JAMES SEALS	PO BOX 1019	PARMA	ID	83660
Vice-Pres	SUZANNE S. SEALS	PO BOX 1019	PARMA	ID	83660

5. Organized Under the Laws of:

IDAHO
C 34352

6.

Signature

A James Seals

Date

01-10-05

Name

(Type or
Print)

A. JAMES SEALS

Title

PRESIDENT

200503005140

Do Not Tape or Staple