INSTRUCTIONS ON REVERSE SIDE

No. 99150

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

ISSUED: 07-11-199

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address (Must Contain P.O. Box or Street)

LOST RIVER PHARMACY, INC.
DIANA L. NIELSON
P O BOX 717
218 N. Idaho Street
ARCO ID 83213

2. Registered Agent and Office **NOT A P.O. BOX**

DIANA L. NIELSON
218 N IDAHO
ARCO ID 83213

3. Incorporated Under The Laws of ID
NO: 99150

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	LOST RIVER PHARMACY, INC.	218 N Idaho st.	Arco	Id	83213
Secretary:	DIANA L. NIELSON	Rt 1 box 1075	Moore	Id	83255
Directors:	ROBERT N NIELSON	same			

PO BOX 717
218 N. Idaho Street
Arco, Id 83213-0717

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 Diana L Nielson Date 7/12/93

Name (Typed or Printed) Diana L Nielson Title Pres