

No. C105851	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX GARY D SACKMAN 414 MAIN STREET GOODING ID 83330
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct. If Not Correct KENDRICK PHARMACY, INC. 414 MAIN ST GOODING ID 83330	3. Organized Under the Laws of: ID C105851
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<i>President</i>	<i>Gary Sackman</i>	<i>1229 main St.</i>
<i>Secretary</i>	<i>Shannon Sackman</i>	<i>1229 main St.</i>
<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Gooding</i>	<i>ID</i>	<i>83330</i>
<i>Gooding</i>	<i>ID</i>	<i>83330</i>

5. Signature of New Registered Agent	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature <u><i>[Signature]</i></u> Name <small>(Typed or Printed)</small> <u><i>Gary Sackman</i></u> </div> <div> Date <u><i>2-14-99</i></u> Title <u><i>President</i></u> </div> </div>
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ISSUED: 07-03-1999

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