INSTRUCTIONS ON REVERSE SIDE

No. 93917

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address *Please Correct If Not Correct*

MEDICINE MAN NOPTH PHARMACY
BARRY W FEELY
305 W KATHLEEN AVE

COEUR D'ALENE ID 83814

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

BARRY W FEELY
305 W KATHLEEN AVE

COEUR D'ALENE ID 83814

3. Incorporated Under The Laws of ID

NO: C93917

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	BARRY W. FEELY	E 1338 Circle Dr	HAYDEN LAKE	ID	83835
Secretary:	JAN M. FEELY	E 1338 Circle Dr	HAYDEN LAKE	ID	83835
Directors:	BARRY W. FEELY	E 1338 Circle Dr	HAYDEN LAKE	ID	83835
	JAN M. FEELY	E 1338 Circle Dr	HAYDEN LAKE	ID	83835
	BRIAN M. JORGENSEN	1114 Ironwood Dr	COEUR D'ALENE	ID	83814

5. Nature of Business

Retail 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 Barry W. Feely Date 7-11-91

Name *(Typed or Printed)* BARRY W. FEELY Title PRESIDENT