




INSTRUCTIONS ON REVERSE SIDE

| No. 37059 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 | | 2. Registered Agent and Office NOT A P.O. BOX VERNA ALLEN Richard Allen 4 N. MAIN MALAD ID 83252 | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--------------|--|---------------|-------------------------------------|-----------------|--------------|------------|------------|---------------|------------|-------|-----|-------|------------|-------------|---|---|---|---|------------|---------------|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED | 1. Mailing Address: <i>Please Correct If Not Correct</i> | | 3. Incorporated Under The Laws of ID NO: 037059 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ALLEN DRUG COMPANY VERNA ALLEN Diane Allen 4 NO MAIN MALAD CITY ID 83252 0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Richard Allen</td> <td>4 No. Main</td> <td>Malad</td> <td>Ida</td> <td>83252</td> </tr> <tr> <td>Secretary:</td> <td>Diane Allen</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td colspan="5">Same As Above</td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | Richard Allen | 4 No. Main | Malad | Ida | 83252 | Secretary: | Diane Allen | " | " | " | " | Directors: | Same As Above | | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | |
| President: | Richard Allen | 4 No. Main | Malad | Ida | 83252 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | Diane Allen | " | " | " | " | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | Same As Above | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. <table border="0"> <tr> <td>Signature </td> <td>Date 10-15-91</td> </tr> <tr> <td>Name (Typed or Printed) Diane Allen</td> <td>Title Secretary</td> </tr> </table> | | | Signature  | Date 10-15-91 | Name (Typed or Printed) Diane Allen | Title Secretary | | | | | | | | | | | | | | | | | | | | |
| Signature  | Date 10-15-91 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) Diane Allen | Title Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | | |