




No. 105851	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	GARY D SACKMAN 414 MAIN STREET
	1. Mailing Address — Please Complete If Not Correct KENDRICK PHARMACY, INC. 414 MAIN STREET GOODING ID 83330	GOODING ID 83330 3. Incorporated Under The Laws of ID NO: 105851

4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED										
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>						
President:	Gary D Sackman	1229 Main St.	Gooding	ID 83330						
Secretary:	Shannon Sackman	1229 Main St.	Gooding	ID 83330						
Directors:										
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 data-bbox="520 904 669 941">Signature</td> <td data-bbox="669 904 1197 941"></td> <td data-bbox="1197 904 1605 941">Date 7-15-97</td> </tr> <tr> <td data-bbox="520 941 669 977">Name (Typed or Printed)</td> <td data-bbox="669 941 1197 977">Gary Sackman</td> <td data-bbox="1197 941 1605 977">Title President</td> </tr> </table>			Signature		Date 7-15-97	Name (Typed or Printed)	Gary Sackman	Title President
Signature		Date 7-15-97								
Name (Typed or Printed)	Gary Sackman	Title President								