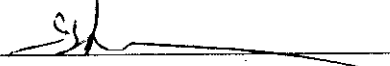


No. C 105851	Due no later than April 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		GARY D SACKMAN																		
	KENDRICK PHARMACY, INC. 414 MAIN ST GOODING, ID 83330		414 MAIN STREET GOODING, ID 83330 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary Sackman</td> <td>1229 Main St</td> <td>Gooding</td> <td>Idaho</td> <td>83330</td> </tr> <tr> <td>Secretary</td> <td>Shannon Sackman</td> <td>1229 Main St</td> <td>Gooding</td> <td>Idaho</td> <td>83330</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Gary Sackman	1229 Main St	Gooding	Idaho	83330	Secretary	Shannon Sackman	1229 Main St	Gooding	Idaho	83330
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5. Organized Under the Laws of: IDAHO C 105851	6. Signature <u></u> Date <u>2-6-04</u> Name (Typed or Printed) <u>Gary Sackman</u> Title <u>President</u>																				