⊣ `	oration Annual Report Form		2. Registered Agent and office NOF A P.O. BOX		
Due No Later	Due No Later Than November 1,		MICHAEL S. HESS		
1. Mailing Address	EST PHARMACY SERVICES, IN	619 S. W	619 S. WASHINGTON		
		MOSCOW	ID	83843 0	
619 S. WAS	HINGTON	3. Incorporated Under The Laws of ID			
	ID 83843 0000	NO: 8593	36		
rs and Directors					
Name	Street or P.O. Address	City	State	<u>Zio</u>	
Hess	708 Vista St.	Moscow,	ID 83843		
Heas	708 Vista St.	Moscow.	ID 83843		
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true, co	that this Annual Report has been exertect and complete.			knowledge	
	od or Michael S. o			7.1	
	NORTHWEST MICHAEL S. 619 S. WAS MOSCOW rs and Directors Name Hess Hess Signature	MICHAEL S. HESS 619 S. WASHINGTON MOSCOW ID 83843 0000 rs and Directors Name Street or P.O. Address Hess 708 Vista St. Hess 708 Vista St. 6. I certify that this Annual Report has been extrue, correct and complete.	NORTHWEST PHARMACY SERVICES, IN MICHAEL S. HESS 619 S. WASHINGTON MOSCOW ID 83843 0000 NO: 8593 rs and Directors Name Street or P.O. Address City Hess 708 Vista St. Moscow, Hess 6. I certify that this Annual Report has been examined by me and is true, correct and complete. Signature	NORTHWEST PHARMACY SERVICES, IN MICHAEL S. MESS 619 S. WASHINGTON MOSCOW ID 83843 0000 NO: 85936 rs and Directors Name Street or P.O. Address City State Hess 708 Vista St. Moscow, ID 83843 Moscow, ID 83843 Moscow, ID 83843	