

No. C 18589	Due no later than Jan 31, 2002 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	1. Mailing Address - Correct in this box, if applicable		JO AN CONDIE P.O. BOX 140117
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO STATE PHARMACY ASSOCIATION, I JO AN CONDIE PO BOX 140117		BOISE, ID 83714
BOISE, ID 83714			
3. <u>New</u> Registered Agent Signature			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
		<u>State</u>	<u>Zip</u>
Please see attached.			
5. Organized Under the Laws of:		6.	
IDAHO C 18589		Signature	Date
		Name (Typed or Printed)	Title
		JoAn Condie JoAn Condie	11/19/01 Exec. Dir.



Idaho State Pharmacy Association, Inc.

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