

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-11-1981

2. Registered Agent and Office **NOT A P.O. BOX**

No. 92634

**Idaho Corporation Annual Report Form****Due No Later Than November 1,****Return To**

**Secretary of State**  
**Room 203, Statehouse**  
**Boise, ID 83720**

**\* FIRST NOTICE \***  
**NO FEE REQUIRED**

1. Mailing Address of the Corporation

**HUNTSMANS PHARMACY, INC.**  
**WINSTON V. BEARD**  
**P.O. BOX 51718**

**IDAHO FALLS ID 83405 1718**

**WINSTON V. BEARD**  
**683 N. CAPITAL**

**IDAHO FALLS ID 83405 1718**

3. Incorporated Under The Laws  
 of  
**ID**  
**NO: 92634**

## 4. Names and Addresses of Officers and Directors

**MUST BE PRINTED OR TYPED**NameStreet or P.O. AddressCityStateZip

President:	Scott Huntsman	7440 South 45 West	Idaho Falls	ID	83401
Secretary:	Boyd V. Huntsman	7440 South 45 West	Idaho Falls	ID	83401
Directors:	none				
Asst. Secretary:	Winston V. Beard	P.O. Box 51718	Idaho Falls	ID	83405

## 5. Nature of Business

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

## Signature

*Winston V. Beard*

Name (Type or Print)

Winston V. Beard

Date *8-2-53*

Title Asst. Secretary