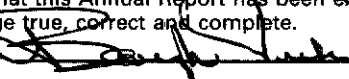


No. C 93917	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MEDICINE MAN NORTH PHARMACY, BARRY W FEELY 305 W KATHLEEN AVE	BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALENE ID 83814
* FIRST NOTICE * COEUR D'ALENE ID 83814		3. Organized Under the Laws of: ID C 93917
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	BARRY W. FEELY	1338 Circle Dr
VP & SECRETARY	John M. FEELY	1338 Circle Dr
		Hayden ID 83835
		Hayden ID 83835
BOARD MEMBER (DIRECTOR)	Brian Jorgensen	1114 Ironwood Dr. COEUR D'ALENE ID 83814
5. NATURE OF BUSINESS RETAIL 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. Signature <u></u> Date 7-21-96 Name (Typed or Printed) Barry W. Feely Title PRESIDENT

ISSUED: 07-06-1996

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