

No. C 99150

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

LOST RIVER PHARMACY, INC.

DIANA L. NIELSON

P O BOX 717

~~218 N IDAHO ST~~ 210 W Grand

ARCO

ID 83213

DIANA L. NIELSON

~~218 N IDAHO ST~~

210 W Grand

ARCO

ID 83213

3. Organized Under the Laws of:

ID

C 99150

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Pres, Sec. Diana L Nielson

4133 Hwy 93 N

Leslie

Id

83255

~~Dir~~ Dir. Robert N Nielson

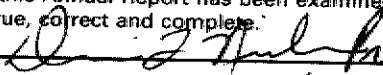
Same as Above

5. NATURE OF BUSINESS

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



Date

9/24/96

Name

(Typed or Printed)

Diana L Nielson

Title

Pres

ISSUED: 07-06-1996

1620