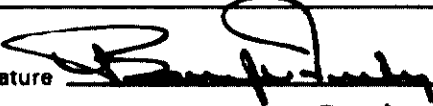


No. C 93917	Annual Report Form 1997 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P O BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address Please Correct If Not Correct MEDICINE MAN NORTH PHARMACY, BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALENE ID 83814	BARRY W FEELY 305 W KATHLEEN AVE COEUR D'ALEN ID 83814 3. Organized Under the Laws of ID C 93917

4. Corporations: Enter Names and Business 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
President	Barry W. Feely	1338 Circle Dr	Haupen	ID	83835
VP/SECRETARY	Jan M. Feely	1338 Circle Dr	Haupen	ID	83835
DIRECTOR	Brian M. Johnson	1114 Ironwood Dr	COEUR, ID		83814

5.	6. Signature  Date <u>7/23/97</u> Name (Typed or Printed) <u>BARRY W. FEELY</u> Title <u>PRESIDENT</u>
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ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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