	31		nnual Report Form		2. Registered Agent a	nd Uffice N	UI A P.U. BUX
Return to: * SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		Due No Later Than November 30,  1 Mailing Address - Please Correct. If Not Correct			THOMAS ALLEN 1448 E CENTER POCATELLO ID 83201 3. Organized Under the Laws of:		
		TOM'S MEDICAL ARTS PHARMACY/ THOMAS ALLEN 1448 EAST CENTER					
* FIRST NOT		POCATELL	o ID 83	201	10	c	48631
4. Corporations: Ente	er Names and E	lusiness Addresses	of President, Secretary and esses of  Managers or				
Office held	Name		Street or P.O. Address		City	State	Zie
President:	Thoma	s Allen	147 WestChub	buck .	Chubbuck	10	83202
Secretary:	Nedra	. Allen	147 West Chui	bbuck	Chubbuck	10	83202
Directors:	James	T. Allen	12600 50. 400	o West	Riverton	UT	84065
							الاستداد الاستخداد
	Paul L	. Allew	2062 St. Cla	18- 1	Edaho Falls	l D	83404
<sup>5.</sup> Signature of Nev		Agent 6.	gnature Pedra (Types of Nedra )	Ulen	Date <u>//</u>	(D) (-1-9) Revet	9
		Agent 6. Sig	gnature Ledsa (	Ulen	Date <u>//</u>	1-1-9	9