		INST	RUCTIONS ON REVERSE SIDE	· · ·		
No. 40746		Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720			Due No Later Than November 1,1991  1 Mailing Address: Please Correct If Not Correct  MEDICAL CENTER PHARMACY, IN DUANE JENKINS		BARRY JENKINS 6003 OVEPLAND BOISE ID 83709	
					10 83709	
		6003 OVERLAND		3. Incorporated Under The Laws of		
NO FEE	PEQUIRED	BOISE	ID 83709	NO: 040746		
4. Names and Ad	dresses of Offi	cers and Directors			<u> </u>	
		Name	Street or P.O. Address	<u>City</u>	State Zip	
President: Secretary: Directors:		Jenkins L Jenkins	3145 Summerset Same	Boise Same	Id 83709 Same Same	
5. Nature of Busin	^	true, co	and an all the second s	Date	7/12/91	
Pharmacy-Return Name Mand or V			V/Doane Jenkins	Title	President	