

November 6, 1996

DENNIS SMITH
ORCHARDS PHARMACY C 70195
523 THAIN RD
LEWISTON ID 83501

RE: ORCHARDS PHARMACY C 70195

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

The form must be back in our office by December 2, 1996 to avoid forfeiture.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. C 70195

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

ORCHARDS PHARMACY, INC.
DENNIS R. SMITH
523 THAIN ROAD

DENNIS R. SMITH
523 THAIN ROAD

LEWISTON ID 83501

3. Organized Under the Laws of:

LEWISTON ID 83501

ID C 70195

* FIRST NOTICE *

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
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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 Dennis R. Smith Date 11-4-96

Name (Typed or Printed) DENNIS R. SMITH Title President

ISSUED: 07-06-1995

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