

## INSTRUCTIONS ON REVERSE SIDE

No. 49925		Idaho Corporation Annual Report Form		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return To		Due No Later Than November 1, 1993		GLENN F. SMITH 40 EAST FAIRVIEW																									
Secretary of State Room 203, Statehouse Boise, ID 83720		1 Mailing Address: <i>Meridian Drug Center, R. Box 1000</i>		MERIDIAN ID 83642																									
* FIRST NOTICE * NO FEE REQUIRED		MERIDIAN DRUG CENTER, INC. 40 EAST FAIRVIEW MERIDIAN ID 83642		3. Incorporated Under The Laws of ID NO: 49925																									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b>																													
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>IDA M. SMITH</td> <td>40 E FAIRVIEW MERIDIAN, IDAHO 83642</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td>GLENN F. SMITH</td> <td>40 E FAIRVIEW MERIDIAN, IDAHO 83642</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	IDA M. SMITH	40 E FAIRVIEW MERIDIAN, IDAHO 83642				Secretary:	GLENN F. SMITH	40 E FAIRVIEW MERIDIAN, IDAHO 83642				Directors:					
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5. Nature of Business STORE DRUG STORE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																											
		<p>Signature <i>Glenn F. Smith</i>            Name <i>Glenn F. Smith</i> <small>Typed or Printed</small></p> <p>Date <i>07-08-93</i>            Title <i>Secretary</i></p>																											