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INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1 Mailing Address — Please Correct, If Not Correct CROWLEYS INC. ROBERT L. CROWLEY P. O. BOX 242 TWIN FALLS ID 83301 0000	ROBERT L. CROWLEY 144 MAIN AVE. SOUTH TWIN FALLS ID 83301 3. Incorporated Under The Laws of NO: 37101

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Robert L. Crowley	723 Northview	Twin Falls, Idaho		83301
Secretary:	S. L. Crowley	577 Buchanan	Twin Falls, Idaho		83301
Directors:	Same as above				

5. Nature of Business

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		Date	7/14/92
Name (Typed or Printed)	Robert L. Crowley	Title	President