No. C111888	Annual Report Form Due No Later Than November 30, 1997	2 Registered Agent and Office NOT A PO BOX
Return to: SECRETARY OF STATE	1 Mading Address Please Correct, If Not Correct	VICTOR F ALLEN
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	VIC'S FAMILY PHARMACY, INC. VICTOR F ALLEN 3806 S MIDLAND BLVD	TSOS S MIDLAND BLVD NAMPA ID 53686 3 Organized Under the Laws of
* FIRST NOTICE Corporations: Enter Nam	* NAMPA ID 83880	ID
Limited Liability Compan	es and Business Addresses of President, Secretary and Directors ies: Enter Names and Addresses of Managers or Members (
Office held	Mana a	
MESIDENT 1/	LITOR FAILEN 3806 5 minhano Blus	2 N/2 T. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Secretary 1	Street or P.O. Address Gutor F Aller 3806 5 minhand Bluid AUID Aller 141 KELSO COUR	LAKEMORY, FL 32746
	Signature Victor T. Allen	Date
ISSUED: 07-0	04-1997 DO NOT TAPE OR STAPLE	17461