No. C 91340	Due no later than January 31, 2005	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	RON HEMBERRY
700 WEST JEFFERSON PO BOX 83720	NORTHWEST VALUE PHARMACIES, INC.	13010 HWY 12
BOISE, ID 83720-0080	L KON HEMBERRY	OROFINO, ID 83544
100720-000	13010 HWY 12 OROFINO, ID 83544	
NO FILING FEE IF	07.01.110, 15 03344	3 New Posistonal A
RECEIVED BY DUE DATE		3. New Registered Agent Signature
Office held Name	ames and Business Addresses of President, Secre	etary and Directors
	Street or F.O. Address	ity
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