

INSTRUCTIONS ON REVERSE SIDE

No. 70306	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>	WINSTON V. BEARD 683 NORTH CAPITAL IDAHO FALLS ID 83402
	TETON CLINICAL PHARMACY, IN WINSTON V. BEARD 683 N. CAPITAL, PO BOX 51 IDAHO FALLS ID 83405	3. Incorporated Under The Laws of ID NO: 070306

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:	Neil R. Griggs	2001 S. Woodruff	Idaho Falls	ID	83404
Secretary:	Virginia (Ginny) Griggs	2001 S. Woodruff	Idaho Falls	ID	83404
Directors:	Neil R. Griggs	2001 S. Woodruff	Idaho Falls	ID	83404
	Terrell E. Bartschi	2001 S. Woodruff	Idaho Falls	ID	83404

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

Winston V. Beard
 Name (Typed or Printed) Winston V. Beard

Date

7-11-91

Title

Committee