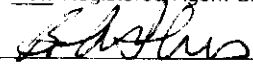
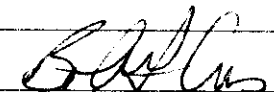


No. C 153812	Due no later than March 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX PATRICIA J KILLINGSWORTH 301 MIDDLE CREEK DR NAMPA, ID 83686 BOB G. CREWS 352 W. HIGHWAY ST. BOISE, ID 83706																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO SOCIETY OF HEALTH-SYSTEM PHAR PO BOX 7625 BOISE, ID 83707 1625	3. New Registered Agent Signature 																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 35%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DOUG SCHOONOVER</td> <td>P.O. 7625</td> <td>BOISE</td> <td>ID</td> <td>83707-1625</td> </tr> <tr> <td>SECRETARY</td> <td>PATRICIA KILLINGSWORTH</td> <td>P.O. 7625</td> <td>BOISE</td> <td>ID</td> <td>83707-1625</td> </tr> <tr> <td>DIRECTOR</td> <td>BOB G. CREWS</td> <td>352 W. HIGHWAY ST.</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DOUG SCHOONOVER	P.O. 7625	BOISE	ID	83707-1625	SECRETARY	PATRICIA KILLINGSWORTH	P.O. 7625	BOISE	ID	83707-1625	DIRECTOR	BOB G. CREWS	352 W. HIGHWAY ST.	BOISE	ID	83706
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5. Organized Under the Laws of: IDAHO C 153812	6. Signature  Date <u>MARCH 20, 2005</u> Name (Typed or Printed) <u>BOB G. CREWS</u> Title <u>EXECUTIVE DIRECTOR</u>																									