

No.

C 85936

Annual Report Form

Due No Later Than November 30,

1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

NORTHWEST PHARMACY SERVICES,
MICHAEL S. HESS
619 S. WASHINGTON

MICHAEL S. HESS
619 S. WASHINGTON

MOSCOW ID 83843

3. Organized Under the Laws of:

* FIRST NOTICE *

MOSCOW ID 83843

ID C 85936

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Pres. Michael S. Hess 708 Vista Moscow ID 83843
Secy. Janice K. Hess 708 Vista Moscow ID 83843

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

Name

(Typed or Printed)

Title

ISSUED: 07-06-1996

26424