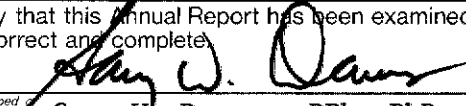
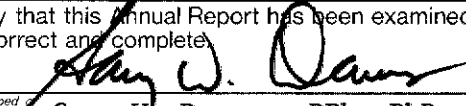
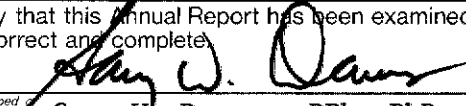


ISSUED: 07-05-1994

No. 105696	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		GARY DAWSON 3663 W WRIGHT																									
	1. Mailing Address — Please Correct, If Not Correct DAWSON MANAGED CARE, INC. GARY DAWSON 3663 W WRIGHT		BOISE ID 83705																									
	BOISE ID 83705		3. Incorporated Under The Laws of ID NO: 105696																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gary W. Dawson</td> <td>12024 W. Longfellow Drive</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td>Barbara Dawson</td> <td>SAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Gary W. Dawson	12024 W. Longfellow Drive	Boise	ID	83709	Secretary:	Barbara Dawson	SAME				Directors:					
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Secretary:	Barbara Dawson	SAME																										
Directors:																												
5. Nature of Business Medical supplies and pharmaceuticals	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>10/10/94</td> </tr> <tr> <td>Name (Typed/Printed)</td> <td>Gary W. Dawson, RPh, PhD</td> <td>Title</td> <td>CEO</td> </tr> </table>				Signature		Date	10/10/94	Name (Typed/Printed)	Gary W. Dawson, RPh, PhD	Title	CEO																
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