INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 068271

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1990

1. Mailing Address — *Please Correct*

MEDICINE MAN PHARMACY, INC.
BRIAN MITCHELL JORGENSEN
EAST 5500 FRENCH GULCH RO

COEUR D'ALENE ID 83814

2. Registered Agent and Office

BRIAN MITCHELL JORGENSEN
EAST 5500 FRENCH GULCH RO

COEUR D'ALENE ID 83814

3. Incorporated Under The Laws of ID

NO: 068271

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	BRIAN MITCHELL JORGENSEN	E. 5500 FRENCH GULCH	CdA	IDAHO	83814
Secretary:	CONSTANCE BETH JORGENSEN	″	″	″	″
Directors:	(SAME AS ABOVE)				

5. Nature of Business

PHARMACEUTICAL SALES

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 [signature] Date 7/15/90

Name (Typed or Printed) BRIAN JORGENSEN Title PRESIDENT COO