

No. C101033

Annual Report Form

1995

Due No Later Than November 30,

Return to:

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

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

JOHN'S MEDIC PHARMACY, INC.

JOHN ANDERSON

523 11TH AVE N

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

JOHN ANDERSON

523 11TH AVE N

NAMPA ID 83651

3. Organized Under the Laws of:

ID C101083

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

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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Directors:

Pres	John Anderson	713 Cobblestone	Nampa	ID	83651
Sec'y	Sandra Anderson	713 Cobblestone	Nampa	ID	83651

5. NATURE OF BUSINESS

PHARMACY

ISSUED: 10-05-1995

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

Name (Typed or
Printed)

Date

10/15/96

John A. Anderson

Title

Tres

5166