

No. 84833	Idaho Corporation Annual Report Form		2. Registered Agent and Office																																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 JUL 11 AM 9 19	Due No Later Than November 1, 1988		IDAHO STATE PHARMACEUTIC 1365 NORTH ORCHARD, ROOM BOISE, IDAHO 83706																																									
	1. Mailing Address — Please Correct 84833																																											
	IDAHO PHARMACY SERVICES NETWORK, IDAHO STATE PHARMACEUTICA 1365 NORTH ORCHARD, ROOM 103 BOISE, IDAHO 83706		3. Incorporated Under The Laws of STATE OF IDAHO																																									
4. Names and Addresses of Officers and Directors																																												
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Ron Carpenter</td> <td>3120 Crescent Rim #103</td> <td>Boise</td> <td>Id 83706</td> </tr> <tr> <td>Directors:</td> <td>Arthur Nelson</td> <td>P.O. Box 4579</td> <td>Pocatello,</td> <td>Id 83205</td> </tr> <tr> <td></td> <td>Robin Kinsey</td> <td>P.O. Box 385</td> <td>Jerome,</td> <td>Id 83338</td> </tr> <tr> <td></td> <td>Barry Feely</td> <td>E. 1338 Circle</td> <td>Hayden Lake,</td> <td>Id 83856</td> </tr> <tr> <td></td> <td>Ray Moon</td> <td>1165 Northern Pine</td> <td>Twain Falls,</td> <td>Id 83301</td> </tr> <tr> <td></td> <td>Jim Alexander</td> <td>P.O. Box 710</td> <td>Mtn Home,</td> <td>Id 83647</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:					Secretary:	Ron Carpenter	3120 Crescent Rim #103	Boise	Id 83706	Directors:	Arthur Nelson	P.O. Box 4579	Pocatello,	Id 83205		Robin Kinsey	P.O. Box 385	Jerome,	Id 83338		Barry Feely	E. 1338 Circle	Hayden Lake,	Id 83856		Ray Moon	1165 Northern Pine	Twain Falls,	Id 83301		Jim Alexander	P.O. Box 710	Mtn Home,	Id 83647
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5. Nature of Business Pharmacy Services Administrative Organization		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>Date</td> </tr> <tr> <td>James A. Alexander</td> <td>7-8-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>JAMES ALEXANDER</td> <td>President</td> </tr> </table>			Signature	Date	James A. Alexander	7-8-88	Name (Typed or Printed)	Title	JAMES ALEXANDER	President																																
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