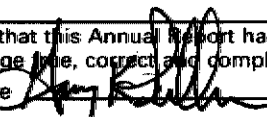


No. C 30595	Annual Report Form <i>Due No Later Than November 30,</i> 1996		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct PRESCRIPTION CENTER, INC. P.O. BOX 2102 IDAHO FALLS ID 83401		NONE - CRO SENT 245 N. PLACER IDAHO FALLS ID 83401																		
	3. Organized Under the Laws of: ID C 30595																				
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 20%;"><u>Name</u></th> <th style="width: 35%;"><u>Street or P.O. Address</u></th> <th style="width: 15%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gary Pullen R.Ph.</td> <td>188 Springwood Lane</td> <td>Idaho Falls</td> <td>ID.</td> <td>83406</td> </tr> <tr> <td>Vice President/ Secretary</td> <td>Stacy Pullen</td> <td>188 Springwood Lane</td> <td>Idaho Falls</td> <td>ID.</td> <td>83406</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Gary Pullen R.Ph.	188 Springwood Lane	Idaho Falls	ID.	83406	Vice President/ Secretary	Stacy Pullen	188 Springwood Lane	Idaho Falls	ID.	83406
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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 <u></u> Date <u>7-17-96</u> Name <small>(Typed or Printed)</small> <u>Gary K. Pullen</u> Title <u>President</u>																			

ISSUED: 07-06-1996
7287