

No. C 30595		Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PRESCRIPTION CENTER, INC. GARY PULLEN R.PH P.O. BOX 2102 IDAHO FALLS ID 83401		GARY K. PULLEN R.PH 2252 CORONADO ST. IDAHO FALLS ID 83404			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	GARY PULLEN	188 SPRINGWOOD LANE	IDAHO FALLS	ID	USA	83404	
SECRETARY	STACY PULLEN	188 SPRINGWOOD LANE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 30595		6. Annual Report must be signed.* Signature: LINDA CHAPPLE Name (type or print): LINDA CHAPPLE					
Processed 12/23/2016		Date: 12/23/2016 Title: OFFICE MANAGER * Electronically provided signatures are accepted as original signatures.					