No. **C 88221**	**Due no later than Dec 31, 2010** **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 HOME CARE, INC. GARY K PULLEN 2250 CORONADO ST IDAHO FALLS ID 83404	GARY K PULLEN 2550 CORONADO ST IDAHO FALLS ID 83404-7552 3. New 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
SECRETARY	STACY L PULLEN	188 SPRINGWOOD LANE	IDAHO FALLS	ID	USA	83404
PRESIDENT	GARY K PULLEN	188 SPRINGWOOD LANE	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 88221**	Signature: Linda Chapple Name (type or print): Linda Chapple	Date: 10/08/2010 Title: Office Manager

Processed 10/08/2010

* Electronically provided signatures are accepted as original signatures.