INSTRUCTIONS ON REVERSE SIDE

No. 30595

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address *Please Correct If Not Correct*

PRESCRIPTION CENTER, INC.

P.O. BOX 2102

IDAHO FALLS ID 83401

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

NONE - CPO SENT
245 N. PLACER

IDAHO FALLS ID 83401

3. Incorporated Under The Laws of ID

NO: 030595

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Gary K. Pullen	220 Pinon	Idaho Falls	Idaho	83401
Secretary:	Stacy Pullen	220 Pinon	Idaho Falls	Idaho	83401
Directors:	Homer Woolf	590 Tendoy	Idaho Falls	Idaho	83401
	Gary K. Pullen	220 Pinon	Idaho Falls	Idaho	83401

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 [signature]

Name *(Typed or Printed)*

Date 7-18-91

Title