

No. C 88221

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PRESCRIPTION CENTER HOME CARE, INC.
GARY K PULLEN
2250 CORONADO ST
IDAHO FALLS, ID 83404GARY K PULLEN
2550 CORONADO ST
IDAHO FALLS, ID 83404NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<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 K. Pullen	188 Spingwood Lane	Idaho Falls	ID	83404
Vice-	Stacy Pullen	188 Springwood Lane	Idaho Falls	ID	83404
President					

5. Organized Under the Laws of:
IDAHO
C 88221

6.

Signature

Date

10-24-08

Name (Typed or Printed)

Gary Pullen

Title

President

Issued 10/01/2008

Do Not Tape or Staple

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