

No. 88221 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: <i>Please Correct If Not Correct</i> PRESCRIPTION CENTER HOME CA GARY K. PULLEN 245 NORTH PLACER IDAHO FALLS ID 83401	2. Registered Agent and Office NOT A P.O. BOX GARY K. PULLEN 245 NORTH PLACER IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID NO: 088221																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gary K. Pullen</td> <td>220 Pinon</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>Stacy Pullen</td> <td>220 Pinon</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td>Gary K. Pullen</td> <td>220 Pinon</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83401</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Gary K. Pullen	220 Pinon	Idaho Falls	Idaho	83401	Secretary:	Stacy Pullen	220 Pinon	Idaho Falls	Idaho	83401	Directors:	Gary K. Pullen	220 Pinon	Idaho Falls	Idaho	83401
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5. Nature of Business <i>Home IV Pharmacy - Service</i>	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 <i>[Signature]</i> Name (Type or Print) <i>[Name]</i>		Date <i>7-18-91</i> Title																							