

No. **C 88221**

**Due no later than December 31, 2005**

**Annual Report Form**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
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 83404

2. Registered Agent and Office **NO PO BOX**

GARY K PULLEN

~~XXXXXX~~  
~~245 NORTH PLACER~~

~~IDAHO FALLS ID 83401~~

2550 Coronado St.  
Idaho Falls, ID 83404

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

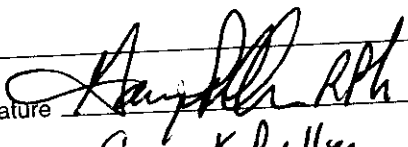
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Gary K. Pullen	188 Springwood Lane	Idaho Falls	Idaho	83404
Vice President	Stacy Pullen	188 Springwood Lane	Idaho Falls	Idaho	83404

5. Organized Under the Laws of:  
**IDAHO**  
**C 88221**

6.

Signature

Name (Typed or Printed)

  
**Gary K Pullen**

Date

**11-22-05**

Title

**President**

200512004773

Issued 10/03/2005

**Do Not Tape or Staple**