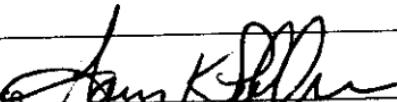


8221	Due no later than Dec 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
STATE OF IDAHO WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable PRESCRIPTION CENTER HOME CARE, INC. GARY K PULLEN 245 NORTH PLACER IDAHO FALLS, ID 83401		GARY K PULLEN 245 NORTH PLACER IDAHO FALLS, ID 83401																								
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS, ID 83401		3. <u>New Registered Agent Signature</u>																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td>President</td> <td>Gary K. Pullen</td> <td>188 Springwood Lane</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Vice</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>President</td> <td>Stacy Pullen</td> <td>188 Springwood Lane</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </table>				<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	ID	83404	Vice						President	Stacy Pullen	188 Springwood Lane	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																						
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Vice																											
President	Stacy Pullen	188 Springwood Lane	Idaho Falls	ID	83404																						
5. Organized Under the Laws of:	6. Signature  Name (Typed or Printed) <u>Gary K. Pullen</u>																										
IDAHO C 88221	Date <u>10-23-02</u> Title <u>President</u>																										