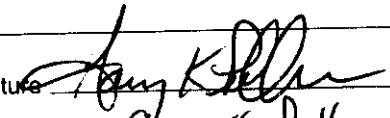


8221 CLERK OF STATE 200 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2002 Annual Report Form <div style="background-color: black; color: white; padding: 2px; font-size: small;">1. Mailing Address - Correct in this box, if applicable</div> PRESCRIPTION CENTER HOME CARE, INC. GARY K PULLEN 245 NORTH PLACER IDAHO FALLS, ID 83401	2. Registered Agent and Office NO PO BOX GARY K PULLEN 245 NORTH PLACER IDAHO FALLS, ID 83401 3. New Registered Agent Signature
---	---	---

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

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

5. Organized Under the Laws of: IDAHO C 88221	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name (Typed or Printed) <u>Gary K. Pullen</u> </div> <div style="width: 35%;"> Date <u>10-23-02</u> Title <u>President</u> </div> </div>
--	---