

No. C 88221		Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PRESCRIPTION CENTER HOME CARE, INC. GARY K PULLEN 2250 CORONADO ST IDAHO FALLS ID 83404-7552		GARY K PULLEN 2250 CORONADO ST. IDAHO FALLS ID 83404-7552			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	STACY L PULLEN	188 SPRINGWOOD LANE	IDAHO FALLS	ID	USA	83404	
PRESIDENT	GARY K PULLEN	188 SPRINGWOOD LANE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 88221		6. Annual Report must be signed.* Signature: Linda Chapple Name (type or print): Linda Chapple					
		Date: 10/25/2013 Title: Office Manager					
Processed 10/25/2013		* Electronically provided signatures are accepted as original signatures.					