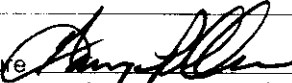


No. C 88221 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than December 31, 2004 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> 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 245 NORTH PLACER IDAHO FALLS, ID 83401 3. <u>New</u> Registered Agent Signature
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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	ID	83404
Vice President/ Secretary	Stacy Pullen	188 Springwood Lane	Idaho Falls	ID	83404

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 88221</div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> <u>Gary Pullen</u> </div> <div style="width: 35%;"> Date <u>10-18-04</u> Title _____ </div> </div>
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