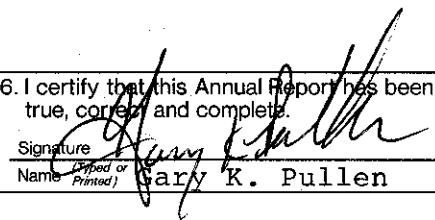


No. 88221 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i> PRESCRIPTION CENTER HOME CA GARY K. PULLEN 245 NORTH PLACER IDAHO FALLS ID 83401	2. Registered Agent and Office GARY K. PULLEN 245 NORTH PLACER IDAHO FALLS ID 83401 23 3. Incorporated Under The Laws of ID NO: 088221
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4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Gary K. Pullen	220 Pinon St.	Idaho Falls	Idaho	83401
Secretary:	Stacy Pullen	220 Pinon St.	Idaho Falls	Idaho	83401
Directors:					

5. Nature of Business Home Infusion Pharmacy	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature <small>(Typed or Printed Name)</small> Gary K. Pullen </div> <div style="text-align: right;"> Date 7-9-90 Title owner </div> </div>
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