ISSUED: 07-05-1994

No. 88221

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

★ FIRST NOTICE ★
NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

1. Mailing Address —

PRESCRIPTION CENTER HOME CARE,
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

3. Incorporated Under The Laws of ID
NO: 88221

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Gary K. Pullen R.Ph.	188 Springwood Lane	Idaho Falls,	ID.	83403
Secretary:	Stacy Pullen	188 Springwood Lane	Idaho Falls,	ID.	83403
Directors:	same as above				

5. Nature of Business

Pharmacy for Home IV Therapy

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Gary K. Pullen R.Ph. Date

Name (Typed or Printed) Gary K. Pullen R.Ph. Title Owner