

ISSUED: 07-05-1994

No. 88221	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	GARY K. PULLEN 245 NORTH PLACER
	1. Mailing Address — PRESCRIPTION CENTER HOME CARE, GARY K. PULLEN 245 NORTH PLACER IDAHO FALLS ID 83401	IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID NO: 88221

4. Names and Addresses of Officers and Directors

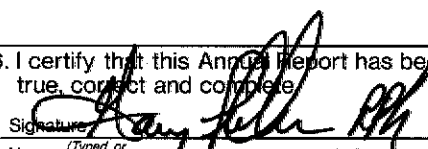
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Gary K. Pullen R.Ph.	188 Springwood Lane	Idaho Falls,	ID.	83403
Secretary:	Stacy Pullen	188 Springwood Lane	Idaho Falls,	ID.	83403
Directors:	same as above				

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

 Name
(Typed or Printed)

 Gary K. Pullen R.Ph.

Date

Title

Owner