

No. C 30595	Due no later than Feb 28, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable PRESCRIPTION CENTER, INC. P.O. BOX 2102 IDAHO FALLS, ID 83401	GARY K. PULLEN R.PH 245 N. PLACER IDAHO FALLS, ID 83401	
NO FILING FEE IF RECEIVED BY DUE DATE	IDAHO FALLS, ID 83401	3. <u>New</u> Registered Agent Signature	

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held Name

Street or P.O. Address

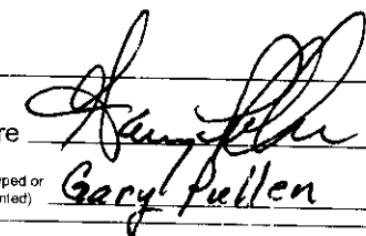
City

State

Zip

President Gary K. Pullen 188 Springwood Cr. Idaho Falls, ID. 83404

V. President Stacy Pullen 188 Springwood Cr. Idaho Falls, ID. 83404

5. Organized Under the Laws of: IDAHO C 30595	6. Signature Name (Typed or Printed)  Gary Pullen	Date 12-19-00 Title: President XX/XX/XX
---	---	---