No. C 8822		Annual Report Form Due No Later Than November 30	1996	2. Registered Ag		OT A P.O. BO
Return to: SECRETARY OF STA	1. Maili	ng Address - Please Correct, If Not Corre			PULLEN TH PLACE	: p
700 WEST JEFFERSO PO BOX 83720 BOISE, ID 83720-008 NO FEE REQUIRE	ON PRE	ESCRIPTION CENTER HOM RY K. PULLEN 5 NORTH PLACER	E CAR	I DAHO F	ALLS I	83401
* FIRST NOT		AHD FALLS ID 834		10	C 8	38221
Corporations: Ente Limited Liability Co	r Names and Addres mpanies: Enter Name	ses of President, Secretary and Direct es and Addresses of I Managers or	tors Members (check one)		
Office held	<u>Name</u>	Street or P.O. Address		City	State	Zip
President Vice President/ Secretary	Gary Pullen R.F Stacy Pullen	Ph. 188 Springwood Lane 188 Springwood Lane		aho Falls aho Falls	ID. ID.	83406 83406
NATURE OF 3	USINESS	6. I certify that this Annual Repo	has been ex	xamined by me		
PHARMACY	FOR HOME IV	Signature 7 THERAPY (Typed or Name Printed)	en		7-17-96 President	
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<u> </u>	7-06-1996				7195	