No. W 142584		Due no later than Sep 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PARAMOUNT PHARMACY LLC PARMOUNT PHARMACY	CAPITOL CORPORATE SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705			
		PO BOX 827 BELLEVUE WA 98009	3. New Registered Agent Signature:*			
4. Limited Liability Com	panies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	PAUL SOHN	12100 NORTHUP WAY	BELLEVUE	WA	USA	98005
MEMBER	SANGMIN LE	EE 12100 NORTHUP WAY	BELLEVUE	WA	USA	98005
MEMBER	JAE LEE	12100 NORTHUP WAY	BELLEVUE	WA	USA	98005
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
WA W 142584		Signature: Lianna Sellars	Date: 09/13/2016			
		Name (type or print): Lianna Sellars	Title: Administrative Assistant			
Processed 09/13/2016		* Electronically provided signatures are accepted as original sig	natures.			