

No. W 138640	Due no later than Jun 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
	MCKESSON SPECIALTY HEALTH TECHNOLOGY PRODUCTS LLC 10101 WOODLOCH FOREST THE WOODLANDS TX 77380		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	PHYSICIAN RELIANCE NETWORK, LL	10101 WOODLOCH FOREST	THE WOODLANDS	TX	USA	77380
5. Organized Under the Laws of: DE W 138640		6. Annual Report must be signed.* Signature: JOHN G SAIA Name (type or print): JOHN G SAIA Date: 06/13/2017 Title: AUTH PERSON				
Processed 06/13/2017		* Electronically provided signatures are accepted as original signatures.				