

No. <b>W 94657</b>		<b>Due no later than Jul 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PHARMERICA MOUNTAIN, LLC MARY TAX DEPARTMENT 1901 CAMPUS PLACE LOUISVILLE KY 40299		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				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	
MANAGER	THOMAS A CANERIS	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299	
MANAGER	GREGORY S WEISHAR	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299	
MANAGER	MICHAEL J CULOTTA	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299	
5. Organized Under the Laws of:  <b>DE W 94657</b>		6. Annual Report must be signed.* Signature: Michael J. Culotta Name (type or print): Michael J. Culotta Date: 06/19/2012 Title: Manager					
Processed 06/19/2012		* Electronically provided signatures are accepted as original signatures.					