

No. W 94657		Due no later than Jul 31, 2012 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		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				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: DE W 94657		6. Annual Report must be signed.* Signature: Michael J. Culotta Name (type or print): Michael J. Culotta					
Processed 06/19/2012		Date: 06/19/2012 Title: Manager * Electronically provided signatures are accepted as original signatures.					