No. <b>W 12343</b>		Due	e no later than Jun 30, 2010	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		N 17 17 17 17 17 17 17 17 17 17 17 17 17				
		MCKESSON MEDICATION MANAGEMENT LLC BJ HILL 6409 QUAIL HOLLOW RD MEMPHIS TN 38120		BOISE ID 83702 USA  3. New Registered Agent Signature:*				
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER			3151 AIRWAY AVE	COSTA MESA	CA	USA	92626	
MANAGER			6409 QUAIL HOLLOW RD	MEMPHIS	TN	USA	38120	
MANAGER 	DONALD J N	NICKLESON	6409 QUAIL HOLLOW RD.	MEMPHIS	TN	USA	38120	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 12343		Signature: BJ Hill		Date: 04/2	Date: 04/20/2010			
		Name (type or print): BJ Hill		Title: Sr. Accountant				
Processed 04/20/2010	* Electronically provided signatures are accepted as original signatures.							