No. C 211645		Due no later than Nov 30, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if n GOODRX, INC. 233 WILSHIRE BLVD STE 990 SANTA MONICA CA 90401	eeded.	REGISTERED AGENTS INC 784 S CLEARWATER LOOP STE R POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors	s Treasurer i	(ontional)			
Office Held	Name	Street or PO Address	or rreadurer (City	State	Country	Postal Code
PRESIDENT SECRETARY	DOUGLAS HI TREVOR BEZ			SANTA MONICA SANTA MONICA	CA CA		90401 90401
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: Riley Park		Date: 12/18/2017			
C 211645		Name (type or print): Riley Park T		Title: Authorized Representative			
Processed 12/18/2017 * Electronically provided signatures are accepted as original signatures.							