No. **W 63748**	**Due no later than Jun 30, 2014** **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.** OMNICARE ESC LLC 900 OMNICARE CENTER 201 EAST FOURTH ST CINCINNATI OH 45202	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New 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	NEIGHBORCARE PHARMACY SERVICES	900 OMNICARE CENTER 201 EAST FOURTH ST	CINCINNATI	OH	USA	45202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 63748**	Signature: Jonathan D Kukulski	Date: 06/12/2014
	Name (type or print): Jonathan D Kukulski	Title: Secretary

Processed 06/12/2014

* Electronically provided signatures are accepted as original signatures.