

No. <b>W 23959</b>	<b>Due no later than April 30, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable <b>MCKESSON HEALTH SOLUTIONS HOLDINGS</b>  ONE POST STREET  SAN FRANCISCO, CA 94104		THE PRENTICE HALL CORPORATI 1401 SHORELINE DR STE 2  BOISE, ID 83702		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	McKesson Information Solutions LLC One Post Street, San Francisco, CA 94104				
5. Organized Under the Laws of:		6. Signature <u><i>Anne J. Shuford</i></u> Date <u>3/24/04</u> Name <small>(Typed or Printed)</small> <u>Anne J. Shuford</u> Assistant Title <u>Secretary</u>			
DELAWARE W 23959					

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Do Not Tape or Staple

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