


<p>No. W 109489</p>	<p>Due no later than Dec 31, 2017 Annual Report Form</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>	<p>1. Mailing Address: Correct in this box if needed. MCMC LLC 300 CROWN COLONY DR SUITE 203 QUINCY MA 02169</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Careworks Managedcare Services, Inc.</td> <td>405 DUKE DRIVE SUITE 270</td> <td>FRANKLIN TN</td> <td>USA</td> <td></td> <td>37067</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Careworks Managedcare Services, Inc.	405 DUKE DRIVE SUITE 270	FRANKLIN TN	USA		37067	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of: DELAWARE W 109489</p>	<p>6. Signatures:  Name (type or print): MICHAEL KRAWITZ</p>			<p>Date: 12-18-17 Title: SECRETARY</p>																																		
<p>Issued 12/15/2017 by online</p>		<p>115851</p>																																				