

No. W 102313	Due no later than Apr 30, 2015 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. PHARMALPHA, LLC THOMAS J BLODGETT 5996 N DEMILLE AVE MERIDIAN ID 83646-5728		THOMAS J BLODGETT 5996 N DEMILLE AVE MERIDIAN 83646-5728			
			3. <u>New</u> 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	THOMAS JOHN BLODGETT	5996 N. DEMILLE AVE.	MERIDIAN	ID	USA	83646-5728
5. Organized Under the Laws of: ID W 102313	6. Annual Report must be signed.* Signature: Thomas J Blodgett Name (type or print): Thomas J Blodgett		Date: 03/18/2015 Title: Member			
Processed 03/18/2015		* Electronically provided signatures are accepted as original signatures.				