

No. <b>W 142584</b>		<b>Due no later than Sep 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PARAMOUNT PHARMACY LLC PARAMOUNT PHARMACY 7200 S 180TH ST SUITE 103 TUKWILA WA 98188 USA		CAPITOL CORPORATE SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705			
<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 at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SANGMIN LEE	7200 S 180TH ST SUITE 103	TUKWILA	WA	USA	98188	
MEMBER	JAE LEE	12100 NORTHPARK WAY	BELLEVUE	WA	USA	98005	
5. Organized Under the Laws of:  <b>WA</b> <b>W 142584</b>		6. Annual Report must be signed.*  Signature: SANGMIN LEE Name (type or print): SANGMIN LEE Date: 09/11/2018 Title: PHARMACY DIRECTOR					
Processed 09/11/2018 * Electronically provided signatures are accepted as original signatures.							