

No. W 91923		Due no later than Mar 31, 2018 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		1. Mailing Address: Correct in this box if needed. PHARMERICA INSTITUTIONAL PHARMACY SERVICES, LLC 1901 CAMPUS PL LOUISVILLE KY 40299		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	ROBERT E. DRIES	1901 CAMPUS PL	LOUISVILLE	KY	USA	40299	
MANAGER	GREGORY S. WEISHAR	1901 CAMPUS PL	LOUISVILLE	KY	USA	40299	
MANAGER	THOMAS A. CANERIS	1901 CAMPUS PL	LOUISVILLE	KY	USA	40299	
5. Organized Under the Laws of: DE W 91923		6. Annual Report must be signed.* Signature: ROBERT E. DRIES Name (type or print): ROBERT E. DRIES					
		Date: 03/14/2018 Title: MANAGER					
Processed 03/14/2018 * Electronically provided signatures are accepted as original signatures.							