

No. <b>W 12343</b>		<b>Due no later than Jun 30, 2008</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MCKESSON MEDICATION MANAGEMENT LLC MARCENE FROEMMING 7115 NORTHLAND TERRACE STE 500 BROOKLYN PARK MN 55428-1546		CORPORATION PRENTICE HALL CORP SYSTEM 1401 SHORELINE DR BOISE ID 83702-1546			
				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	DONALD J NICKLESON	6409 QUAIL HOLLOW RD	MEMPHIS	TN	USA	38120	
MANAGER	WALKER UPSHAW	6409 QUAIL HOLLOW RD	MEMPHIS	TN	USA	38120	
MANAGER	GLENN ETOW	3151 AIRWAY AVE SUITE L-2	COSTA MESA	CA	USA	92626	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 12343</b>		Signature: Tina Peters				Date: 07/09/2008	
		Name (type or print): Tina Peters				Title: Staff Accountant	
Processed 07/09/2008		* Electronically provided signatures are accepted as original signatures.					