No. **C 188900**	**Due no later than Oct 31, 2016** **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.** CVS RX SERVICES, INC. MELANIE K LUKER ONE CVS DR LEGAL DEPT. WOONSOCKET RI 02895 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	THOMAS S MOFFATT	ONE CVS DR	WOONSOCKET	RI	USA	02895
SECRETARY	MELANIE K LUKER	ONE CVS DR	WOONSOCKET	RI	USA	02895

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NY **C 188900**	Signature: MELANIE K LUKER	Date: 10/04/2016
	Name (type or print): MELANIE K LUKER	Title: SECRETARY

Processed 10/04/2016

* Electronically provided signatures are accepted as original signatures.