

No. W 49163		Due no later than Mar 31, 2014 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. ATLANTIC PRESCRIPTION SERVICES, LLC 1600 MCCONNOR PARKWAY SCHAUMBURG IL 60173 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
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	MARK ALAN THIERER	1600 MCCONNOR PARKWAY		SCHAUMBURG	IL	USA	60173
MANAGER	JEFFREY GARY PARK	1600 MCCONNOR PARKWAY		SCHAUMBURG	IL	USA	60173
5. Organized Under the Laws of: NE W 49163		6. Annual Report must be signed.* Signature: Dareth Jeffers Name (type or print): Dareth Jeffers					
		Date: 01/29/2014 Title: Poa					
Processed 01/29/2014 * Electronically provided signatures are accepted as original signatures.							