

No. W 49163		Due no later than Mar 31, 2014		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		Annual Report Form 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			
				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:		6. Annual Report must be signed.*					
NE W 49163		Signature: Dareth Jeffers				Date: 01/29/2014	
		Name (type or print): Dareth Jeffers				Title: Poa	
Processed 01/29/2014		* Electronically provided signatures are accepted as original signatures.					