| No. W 113814 | Due no later than May 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. PRIME THERAPEUTICS SPECIALTY PHARMACY LLC 1305 CORPORATE CENTER DRIVE EAGAN MN 55121 | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| Office Held Name | mes and Addresses of at least one Member or Manager. Street or PO Address | City | State | Country | Postal Code |
| MANAGER TROY WAR MANAGER LEAH BAILE | D 1305 CORPORATE CENTER DRIVE | EAGAN EAGAN | MN MN | USA USA | 55121 55121 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| DE | Signature: LEAH BAILEY | Date: 05/10/2017 | | | |
| W 113814 | Name (type or print): LEAH BAILEY | (type or print): LEAH BAILEY Title: MANAGER | | | |
| Processed 05/10/2017 | * Electronically provided signatures are accepted as original signatures. | | | | |