No. **W 42821**	**Due no later than Sep 30, 2015** **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.** MEDICATION ADHERENCE SOLUTIONS, LLC 300 WILMOT ROAD DEERFIELD IL 60015	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New 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	WALGREEN CO	108 WILMOT ROAD	DEERFIELD	IL	USA	60015

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IL **W 42821**	Signature: MICHAEL FELISH Name (type or print): MICHAEL FELISH	Date: 09/23/2015 Title: AUTHORIZED SIGNER

Processed 09/23/2015

* Electronically provided signatures are accepted as original signatures.