No. <b>W 126191</b> Return to:		Due no later than Jun 30, 2017 Annual Report Form		200 No. 10 April 10 A	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Addr NOVOLOGIX, LLC MELANIE LUKER ONE CVS DR WOONSOCKET R	ess: Correct in this box if needed.	BOISE ID 83	921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CAREMARK,	L.L.C.	ONE CVS DRIVE	WOONSOCKET	RI	USA	02895	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: THOMAS S MOFFATT			Date: 06/12/2017			
W 126191		Name (type or pri		Title: SECRETARY				
Processed 06/12/2017 * Electronically provided signatures are accepted as original signatures.								