No. C 184911		Due no later than Oct 31, 2014		2. Registered Age	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. VIIV HEALTHCARE COMPANY FIVE MOORE DRIVE RESEARCH TRIANGLE PK NC 27709 USA		12550 W EXPL BOISE 8371	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
2000 000 10	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	WILLIAM CO	DLLIER	FIVE MOORE DRIVE	RESEARCH TRIANGLE PK	NC	USA	27709	
SECRETARY	TERRY CRAI	NDALL	FIVE MOORE DRIVE	RESEARCH TRIANGLE PK	NC	USA	27709	
DIRECTOR	JOHN POTTAGE		FIVE MOORE DRIVE	RESEARCH TRIANGLE PK	NC	USA	27709	
DIRECTOR	WILLIAM COLLIER		FIVE MOORE DRIVE	RESEARCH TRIANGLE PK	NC	USA	27709	
DIRECTOR	TERRY CRANDALL		FIVE MOORE DRIVE	RESEARCH TRIANGLE PK	NC	USA	27709	
5. Organized Under the Laws of:		6. Annual Repo	t must be signed.*					
DE		Signature: T		Date: 10/22/2014				
C 184911		Name (type o		Title: SECRETARY				
Processed 10/22/2014		(7)	provided signatures are accepted as original	signatures.				