

No. <b>W 103777</b>		<b>Due no later than May 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PRIME THERAPEUTICS LLC 1305 CORPORATE CENTER DR EAGAN MN 55121		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	K. ALEC MAHMOOD	1305 CORPORATE CENTER DRIVE	EAGAN	MN	USA	55121	
MANAGER	JAMES DUCHARME	1305 CORPORATE CENTER DRIVE	EAGAN	MN	USA	55121	
MANAGER	ALICIA DESSNER	1305 CORPORATE CENTER DRIVE	EAGAN	MN	USA	55121	
MANAGER	MICHAEL J GUYETTE	3535 BLUE CROSS ROAD	ST. PAUL	MN	USA	55122	
5. Organized Under the Laws of:  <b>DE</b> <b>W 103777</b>		6. Annual Report must be signed.*  Signature: ALICIA DESSNER Name (type or print): ALICIA DESSNER					
		Date: 05/10/2017 Title: MANAGER					
Processed 05/10/2017 * Electronically provided signatures are accepted as original signatures.							