

No. W 54533		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		1. Mailing Address: Correct in this box if needed. EVERGREEN PHARMACEUTICAL, LLC 900 OMNICARE CENTER 201 EAST FOURTH STREET CINCINNATI OH 45202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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
MEMBER	NEIGHBORCARE PHARMACY SERVICES INC	900 OMNICARE CENTER 201 EAST FOURTH STREET		CINCINNATI	OH		45202
5. Organized Under the Laws of: WA W 54533		6. Annual Report must be signed.* Signature: AUTH PERSON Name (type or print): AUTH PERSON Date: 08/20/2015 Title: JONATHAN D KUKULSKI					
Processed 08/20/2015 * Electronically provided signatures are accepted as original signatures.							