

No. W 54533

Due no later than September 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

EVERGREEN PHARMACEUTICAL, LLC
1600 RIVERCENTER II
100 EAST RIVERCENTER BLVD
COVINGTON, KY 41011

CORPORATION SERVICE COMPANY
1401 SHORELINE DR STE 2
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Member NeighborCare Pharmacy Services, Inc.	100 E. Rivercenter Blvd., Ste. 1600	Covington	Ky	41011

5. Organized Under the Laws of:

WASHINGTON
W 54533

6.

Signature

Thomas R. Marsh

Date

08/15/2007

Name

(Typed or
Printed)

Thomas R. Marsh

Title

Treasurer of
Member Company