No. W 109489  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Dec 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCMC LLC 300 CROWN COLONY DR SUITE 203 QUINCY MA 02169		Registered Agent and Address (NO PO BOX)  CORPORATION SERVICE COMPANY     12550 W EXPLORER DR STE 100     BOISE ID 83713  3. New Registered Agent Signature:*											
								4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	t least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER WELLCOMP SERVICES, I		MANAGED CARE NC.	300 CROWN COLONY DR SUITE 203	QUINCY	MA		02169								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
DE		Signature: Pamela (	Date: 12/04/2015												
W 109489		Name (type or print	Title: Authorized Signer												
Processed 12/04/2015 * Electronically provided signatures are accepted as original signatures.															