

|                                                                                                                                                        |                 |                                                                                                                                                           |            |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 80329</b>                                                                                                                                     |                 | <b>Due no later than Jan 31, 2013</b>                                                                                                                     |            | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TLC PHARMACY CONSULTING LLC<br>ED MUNSON<br>3366 SUMMIT DR<br>POCA TELLO ID 83201<br>USA |            | TONI L CANTRELL<br>4701 CARLILE<br>83204 ID 83204  |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                           |            | 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                                                                                                                                                 | TREVER CANTRELL | 4701 CARLILE                                                                                                                                              | POCA TELLO | ID                                                 | USA     | 83204       |  |
| MEMBER                                                                                                                                                 | TONI CANTRELL   | 4701 CARLILE                                                                                                                                              | POCA TELLO | ID                                                 | USA     | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 80329</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Ed Munson<br>Name (type or print): Ed Munson<br>Date: 11/09/2012<br>Title: Accounting                     |            |                                                    |         |             |  |
| Processed 11/09/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                 |            |                                                    |         |             |  |