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| No. W 63745 | | Due no later than Jun 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CP SERVICES LLC 900 OMNICARE CENTER 201 EAST FOURTH ST CINCINNATI OH 45202 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | |
| | | | | 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 | 900 OMNICARE CENTER 201 EAST FOURTH ST | CINCINNATI | OH | 45202 |
| 5. Organized Under the Laws of: DE W 63745 | | 6. Annual Report must be signed.* Signature: JONATHAN D KUKULSKI Name (type or print): JONATHAN D KUKULSKI Date: 06/26/2015 Title: SECRETARY | | | |
| Processed 06/26/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |