| No. W 103677 | | Di | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------|---|--|---|--|------------|--------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Due no later than May 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. PMC PHARMACY SERVICES, LLC TAX DEPARTMENT 1901 CAMPUS PL LOUISVILLE KY 40299 | | 12550 W EXP BOISE ID 8. USA | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Address | ses of at least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER MANAGER | THOMAS A. GREGORY S | | 1901 CAMPUS PLACE 1901 CAMPUS PLACE | LOUISVILLE LOUISVILLE | KY KY | USA USA | 40299-2308 40299-2308 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| DE W 103677 | | Signature: T Name (type o | | Date: 04/26/2013 Title: Manager | | | |
| Processed 04/26/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |