

|  |                                      |  |            |   |         |             |  |
|--|--------------------------------------|--|------------|---|---------|-------------|--|
| No. <b>W 90473</b>   |                                      | <b>Due no later than Feb 28, 2015</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>OMNICARE PROPERTY MANAGEMENT, LLC<br>900 OMNICARE CENTER<br>201 EAST FOURTH STREET<br>CINCINNATI OH 45202 |            | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE 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, INC. | 900 OMNICARE CENTER 201 EAST FOURTH STREET   | CINCINNATI | OH  | USA     | 45202       |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 90473</b>   |                                      | 6. Annual Report must be signed.*<br>Signature: JONATHAN D KUKULSKI<br>Name (type or print): JONATHAN D KUKULSKI<br>Date: 01/29/2015<br>Title: SECRETARY                   |            |   |         |             |  |
| Processed 01/29/2015   |                                      | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |