

No. W 83415		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WALGREEN MEDICAL SUPPLY, LLC 300 WILMOT ROAD DEERFIELD IL 60015		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				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	WALGREENS MAIL SERVICE	300 WILMOT ROAD		DEERFIELD	IL	USA	60015
5. Organized Under the Laws of: IL W 83415		6. Annual Report must be signed.* Signature: Michael Felish Name (type or print): Michael Felish Date: 04/29/2014 Title: Authorized Person					
Processed 04/29/2014 * Electronically provided signatures are accepted as original signatures.							