

No. W 79464	Due no later than Nov 30, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ORIGINS PHARMACY SOLUTIONS LLC CORINA REYNA 509 S MIDDLETON RD STE 105 MIDDLETON ID 83644		JAREN REYNA 1128 WEST 4TH ST NORTH MIDDLETON ID 83644			
			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	CORINA REYNA	1128 W 4TH ST N	MIDDLETON	ID	USA	83644
MEMBER	JAREN REYNA	1128 W 4TH ST N	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of: ID W 79464	6. Annual Report must be signed.* Signature: Corina Reyna Name (type or print): Corina Reyna		Date: 12/02/2011 Title: CFO, member			
Processed 12/02/2011		* Electronically provided signatures are accepted as original signatures.				