No. W 113814 Return to:		Due no later than May 31, 2018 Annual Report Form			Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A PRIME THERAI 300 WILMOT F	1. Mailing Address: Correct in this box if needed. PRIME THERAPEUTICS SPECIALTY PHARMACY LLC 300 WILMOT ROAD DEERFIELD IL 60015		12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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		
I MEMBER	REENS SPECIALTY PHA NGS, LLC	RMACY 108 WILMOT ROAD	DEERFIELD	IL	USA	60015		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
DE	Signature: Wa	Signature: Walgreens Specialty Pharmacy Holdings, LLC				Date: 05/21/2018		
W 113814	Name (type o	Name (type or print): Walgreens Specialty Pharmacy Holdings, LLC			Title: MEMBER			
Processed 05/21/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.						