

No. <b>W 151870</b>		Due no later than May 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO CVS PHARMACY, L.L.C. ONE CVS DR MC 1160 WOONSOCKET RI 02895		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				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	MELANIE K LUKER	ONE CVS DRIVE	WOONSOCKET	RI	USA 02895
5. Organized Under the Laws of:  <b>ID W 151870</b>		6. Annual Report must be signed.* Signature: Melanie Luker Name (type or print): Melanie Luker Date: 05/24/2016 Title: Secretary			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.			