No. W 54533	Due no later than Sep 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. EVERGREEN PHARMACEUTICAL, LLC MELANIE K LUKER ONE CVS DRIVE LEGAL DEPT.				
NO FILING FEE IF RECEIVED BY DUE DATE	WOONSOCKET RI 02895			.g. ia tai 01	
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER NEIGHBORC INC	ARE PHARMACY SERVICES900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	ОН		45202
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
WA	Signature: Melanie K Luker Date: 09/16/201			9/16/2016	
W 54533	Name (type or print): Melanie K Luker Title: Secretary		ecretary		
Processed 09/16/2016	* Electronically provided signatures are accepted as original signatures.				