

No. W 63745	Due no later than Jun 30, 2016 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. CP SERVICES LLC ONE CVS DRIVE LEGAL DEPT 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	NEIGHBORCARE PHARMACY SERVICES	ONE CVS DRIVE LEGAL DEPT	WOONSOCKET	RI		02895
5. Organized Under the Laws of: DE W 63745		6. Annual Report must be signed.* Signature: MELANIE K LUKER Name (type or print): MELANIE K LUKER Date: 06/24/2016 Title: SECRETARY				
Processed 06/24/2016		* Electronically provided signatures are accepted as original signatures.				