

No. W 15587	Due no later than Jun 30, 2015 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.		JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113			
	MANAGED PHARMACEUTICAL SERVICES, LLC JAN POREBA 2104 SILVER CREEK LN BOISE ID 83706-6113		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
MANAGER	JAN POREBA	2104 SILVER CREEK LN	BOISE	ID		83706
5. Organized Under the Laws of: ID W 15587		6. Annual Report must be signed.* Signature: JAN POREBA Name (type or print): JAN POREBA Date: 04/27/2015 Title: MANAGER				
Processed 04/27/2015		* Electronically provided signatures are accepted as original signatures.				