No. w 12343	Due no later than Jun 30, 2003	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	PRENTICE HALL CORP SYSTEM
SECRETARY OF STATE 700 WEST JEFFERSON	MCKESSON MEDICATION MANAGEMENT LLC	1401 SHORELINE DR
PO BOX 83720	ATTN: DIRECTOR LEGAL SERVICES	POICE ID 92702 4546
BOISE, ID 83720-0080	7115 NORTHLAND TERRACE STE 500	BOISE, ID 83702 1546
DOIGE, ID 00720 0000	7 113 NORTH ENGLOSE OF E GGS	3. New Registered Agent Signature
NO FILING FEE IF	BROOKLYN PARK, MN 55428 1546	5. <u></u>
RECEIVED BY DUE DATE		
Limited Liability Com	panies: Enter Names and Addresses of Managers.	75-
Office held Name	Street or P.O. Address Ci	ty State ZIP
Manager Lewist	Street or P.O. Address 2 eidner, 7115 Northland Terroce Suiteso ina baco, chefost St., San Frantil Hammergren, One Post St., C	od, Drocklyritark, MID 3276
11 - 1	- " 11 Marshall Southwar	micco CA 94104
Manager Frish	ma vaco, cherosisi, sini a	(61500)
Toha	H. Hammeroven one Post St C	son Francisco CA 44104
Manager	ar naminergier, one is any	,
J		
J		
. <i>)</i>		
.)		
5. Organized Under the Laws of		
5. Organized Under the Laws of		
5. Organized Under the Laws of DELAWA		
5. Organized Under the Laws of		
Organized Under the Laws of DELAWA	of: 6. Signature Name Printed) Signature Lewis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date 4-22-03 Manager Title Manager