

No. W 54533		Due no later than Sep 30, 2010 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		1. Mailing Address: Correct in this box if needed. EVERGREEN PHARMACEUTICAL, LLC TRACY SVENDSEN 100 E. RIVERCENTER BLVD. SUITE 1600 COVINGTON KY 41011		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702		
NO FILING FEE IF RECEIVED BY DUE DATE				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, INC.	100 E RIVERCENTER BLVD SUITE 1600 COVINGTON		KY	USA	41011
5. Organized Under the Laws of: WA W 54533		6. Annual Report must be signed.* Signature: Regis T Robbins Name (type or print): Regis T Robbins Date: 08/16/2010 Title: Authorized Person				
Processed 08/16/2010		* Electronically provided signatures are accepted as original signatures.				