

No. W 102313		Due no later than Apr 30, 2014 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. PHARMALPHA, LLC THOMAS J BLODGETT 5996 N DEMILLE AVE MERIDIAN ID 83646		THOMAS J BLODGETT 5996 N DEMILLE AVE MERIDIAN ID 83646			
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 MEMBER	Name THOMAS JOHN BLODGETT	Street or PO Address 5996 N. DEMILLE AVE.		City MERIDIAN	State ID	Country USA	Postal Code 83646-5728
5. Organized Under the Laws of: ID W 102313		6. Annual Report must be signed.* Signature: TBlodgett Name (type or print): TBlodgett Date: 03/11/2014 Title: Member Manager					
Processed 03/11/2014 * Electronically provided signatures are accepted as original signatures.							