No. C 188900		Due no later than Oct 31, 2014		2. Registered Age	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CVS RX SERVICES, INC. MELANIE LUKER ONE CVS DR WOONSOCKET RI 02895 USA		921 S ORCHAI	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705			
					3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
	ame		Street or PO Address	City	State	Country	Postal Code	
	HOMAS S ELANIE K		ONE CVS DR ONE CVS DR	WOONSOCKET WOONSOCKET	RI RI	USA USA	02895 02895	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NY		Signature: MELANIE LUKER Date: 10/29/2014						
C 188900		Name (type o		Title: SECRETARY				
Processed 10/29/2014	* Electronically provided signatures are accepted as original signatures.							