No. <b>W 90473</b>	Du	Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C T CORPORATION SYSTEM				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.			921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MELANIE K L	OMNICARE PROPERTY MANAGEMENT, LLC MELANIE K LUKER ONE CVS DRIVE WOONSOCKET RI 02895 USA		DOISE 1D 03/03				
	WOONSOCKE			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
4. Limited Liability Companies: En	ter Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER NEIGHBORCARE PHARMAC SERVICES, INC.		900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	ОН	USA	45202		
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*						
DE	Signature: Th	Signature: THOMAS S MOFFATT Date: 02/13/2017						
W 90473	Name (type o	Name (type or print): THOMAS S MOFFATT Ti			tle: SECRETARY			
Processed 02/13/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.						