No. <b>W 83415</b>		Due no later than Apr 30, 2015		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 Add WALGREEN MED: 300 WILMOT RO	Annual Report Form  1. Mailing Address: Correct in this box if needed.  WALGREEN MEDICAL SUPPLY, LLC 300 WILMOT ROAD DEERFIELD IL 60015		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter	Names and Addresses	of at least one Member or Manager						
Office Held Name	Turnes and Addresses	Street or PO Address	City	State	Country	Postal Code		
MEMBER WALGREE	NS MAIL SERVICE	300 WILMOT ROAD	DEERFIELD	IL	USA	60015		
5. Organized Under the Laws of:	6. Annual Report m	6. Annual Report must be signed.*						
n.	Signature: MICH	Signature: MICHAEL			Date: 04/23/2015			
W 83415	Name (type or p	Name (type or print): MICHAEL		Title: FELISH				
Processed 04/23/2015	* Electronically prov	* Electronically provided signatures are accepted as original signatures.						