

No. W 66063		Due no later than Aug 31, 2018		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. MEMBERHEALTH LLC MELANIE LUKER ONE CVS DRIVE LEGAL DEPT WOONSOCKET RI 02895		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				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	CAREMARK ULYSSES HOLDING CORP.	ONE CVS DRIVE	WOONSOCKET	RI	02895
5. Organized Under the Laws of: DE W 66063		6. Annual Report must be signed.* Signature: MELANIE K LUKER Name (type or print): MELANIE K LUKER Date: 08/20/2018 Title: ASSISTANT SECRETARY			
Processed 08/20/2018		* Electronically provided signatures are accepted as original signatures.			