NOTIFICATION OF MULTICANDIDATE STATUS (See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. RECEIVED 1. (a) NAME OF COMMITTEE IN FULL PER MAIL CENTER DRIME THERAPEUTICS KLC 2016 MAY 10 PM 2: 05 EMPLOYEE PAC (PRIME PAC) 2. FEC IDENTIFICATION NUMBER (b) Number and Street Address CP\$4981\$5 1305 CORPORATE CENTER DR (c) City, State and ZIP Code 3. TYPE OF COMMITTEE (check one) STATE PARTY MN 55121 EAGAN OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: _____ FEC Identification Number: _ STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): Office Sought State/District Name Date JOHN CORNYN SENATE W1-03 (ii) PON KIND HOUSE _ MELSON SENATE FL (iii) MICHELLE WWAN -GRISHAM HOUSE NM- Ø1 BEN SASSE SENATE NE Contributors: The committee received a contribution from its 51st contributor on: 5/6/2016 (c) Registration: The, committee has been registered for at least 6 months. FEC FORM1 was submitted on: 6/29/2011 (d) Qualification: The committee met the above requirements on: $\frac{5/6/2016}{}$ I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. SIGNATURE OF TREASURER TYPE OR PRINT NAME OF TREASURER DATE RODEIGUE NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109.

> For further information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 (Revised 1/2001)

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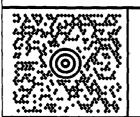
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