



Capacity:

Signature:

STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be typed).

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before

For Office Use Only

-FILED-

File #: 0003432736

Date Filed: 2/19/2019 11:42:00 AM

	making th	is important business decision.				
1. CON	NVERTING ENT	гіту:				
	Name:	Prescription Center, Inc.				
	Jurisdiction:	Idaho				
	Type:	Corporation ration, Limited Liability Company, Limited Partnership, etc)				
	(Corpor	ration, Limited Liability Company, Limited Partnership, etc)				
This is a domestic entity, and this plan of conversion was approved in accordance with § 30–22–403, Idaho Code.						
	This is a foreign of formation.	n entity, and this plan of conversion was approved in accordance with the law of its jurisdication				
2. CON	IVERTED ENTI	ITY:				
	Name:	Prescription Center, LLC				
Jurisdiction: Idaho						
Type: Limited Liability Company (Corporation, Limited Liability Company, Limited Partnership, etc)						
a. If this is a domestic entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.						
b. If this is a foreign entity please designate a registered agent in the space provided:						
(Registered Agent Name AF yould Address)						
3. EFFECTIVE DATE OF CONVERSION:						
\otimes	Effective upon	filing Effective on future date:				
		(Enter date – not more than 90 days in the future)				
		Secretary of State use only				
Printe	d Name:	Gary Pullen				





Revised 12/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

	Base Filing fee: \$1	00.00 + \$20.00 for manual processing (<u>form must be typed</u>).	9/2		
1.	The name of the limited liabi	ity company is:	219		
	Prescription Center, LLC	!	_		
		e words "Limited Liability Company," "Limited Company, "or the abbreviation	ons L.L.C., LLC, or LC)		
2.	The complete street and mailing addresses of the principal office is:				
	2250 Coronado St., Idaho	o Falls, Idaho, 83404-7552	N		
	(Street Address)	. 1			
	AA . F		ਯੂ		
_	:Mailing Address if different		ው ር		
3.	The name and complete street address of the registered agent:				
	Gary Pullen	2250 Coronado St., Idaho Falls, Idaho, 83	•••••••••••••••••••••••••••••••••••••		
	(Name)	(Address)	<u></u>		
4.	The name and address of at	least one governor of the limited liability company:	አ ዋ		
	Gary Pullen	2250 Coronado St., Idaho Falls, Idaho, 8	3404-7552		
	(Name)	(Address)	0		
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	(Name)	(Address)			
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	(Name)	(Address)	r		
	((182,655)	κ'		
	(A)		0 ———————————————————————————————		
	(Name)	(Address)	W		
5.	Mailing address for future correspondence (annual report notices):				
	2250 Coronado St., Idaho	Falls, Idaho, 83404-7552	9 t		
	(Mailing Address)		_		
Sign	ature of organizer(s).		State use only		
Print	ted Name: Gary Pullen	Secretary of S	State use only		
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Sign	ature: Ham toll	11	C)		
	V / 100C				
Print	ted Name:)eu		
_			Denney		
Sign	ature:		ૻ		