

**FILED EFFECTIVE**

227

**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 APR 25 AM 11:05

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CastiaRx Specialty Pharmacy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Leehar Distributors, LLC 701 Emerson Rd., Suite 332, Creve Coeur, MO 63141

(Name) (Address)

(W 200277)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Diplomat Pharmacy, Inc. - Julia Black

(Name)

4100 S. Saginaw Street

(Address)

Flint, MI 48507

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

Diplomat Pharmacy, Inc. - Legal

(Name)

701 Emerson Rd., Suite 332

(Address)

Creve Coeur, MO 63141

(City)

(State)

(Zipcode)

Printed Name: Joel SabanSignature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2018 05:00

CK:17792470 CT:172099 BH:1640343

I@ 25.00 = 25.00 ASSUM NAME #5

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