Printed Name:

Signature:

Rev. 08/2015



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 JAN 12 PM 3: 48

| Complete and | submit the application in <u>duplicate</u> . | SECRETARY OF STATE | |
|---------------------------------------|---|--|--|
| The name of the limited | t liability company is: | STATE OF IDAHO" | |
| PharmShare, LLC | a hability company is. | | |
| · · · · · · · · · · · · · · · · · · · | the words "Limited Liability Company," "Limited Company," o | | |
| , | who had a serviced classify company, " climited company," d | r the appreviations L.L.C., LLC, or LC) | |
| The complete street an | d mailing addresses of the principal office | e is: | |
| 3089 Londonderry Ave | ., Idaho Falis, ID 83404 | | |
| (Street Address) | _ | | |
| | ., Idaho Falls, ID 83404 | | |
| (Mailing Address, if different) | | | |
| The name and complete | e street address of the registered agent: | | |
| Sherrie Rohner | 3089 Londonderry Ave., Jo | 3089 Londonderry Ave., Idaho Falls, ID 83404 | |
| (Name) | (Address) | | |
| | | | |
| The name and address | of at least one governor of the limited liat | pility company: | |
| Sherrie Rohner | | 3089 Londonderry Ave., Idaho Falls, ID 83404 | |
| (Name) | (Address) | | |
| | | | |
| (Name) | | | |
| • | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| | , | | |
| Mailing address for future | e correspondence (annual report notices |); | |
| 3089 Londonderry Ave., | Idaho Falls, ID 83404 | ,- | |
| (Address) | | | |
| • | | | |
| ature of organizer(s). | | | |
| ted Name: Sherrie Rohne | r | Secretary of State use only | |
| ICG Hame. | | | |
| ature: | | | |
| ame. | <i>Y</i> | IDANO SECRETARY OF STATE | |

01/12/2016 05:00

CK:PREPAID CT:12945 BH:1508432 10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

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