



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2011 APR -8 PM 2:47

CLERK OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Advanced Health Care Pharmacy *LLC*

2. The complete street and mailing addresses of the initial designated/principal office:

215 N. Whitley Drive, Suite 1, Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Cindy M Stice

(Name)

2603 Applewood Ave, Fruitland, ID 83619

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

K. Brett Nattress

2125 N E 16th St, Fruitland, ID 83619

5. Mailing address for future correspondence (annual report notices):

215 N. Whitley Drive, Suite 1, Fruitland, ID 83619

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Secretary of State use only

Signature *Cindy M Stice*

Typed Name: Cindy M Stice, Executive Assistant

Signature

Typed Name:

IDAHO SECRETARY OF STATE  
04/08/2011 05:00  
CK: 658371 CT: 172099 RH: 1268415  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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