





## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003914318

Date Filed: 6/23/2020 12:53:18 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S descriptions below)	ervice (see Standard (filing fee \$100	0)	
1. Limited Liability Company Name			
Type of Limited Liability Company	Limited Liability Compar	Limited Liability Company	
Entity name	The PharmAssistant LL	The PharmAssistant LLC	
The complete street address of the principal office is:     Principal Office Address	217 N STORYBOOK W. EAGLE, ID 83616	AY	
3. The mailing address of the principal office is:			
Mailing Address	217 N STORYBOOK W. EAGLE, ID 83616-4891	AY	
4. Registered Agent Name and Address			
Registered Agent	Registered Agent		
	Alex Servatius		
	Physical Address: 217 N STORYBOOK W.	<b>∧∨</b>	
	EAGLE, ID 83616	41	
	Mailing Address:		
	217 N STORYBOOK W	AY	
	EAGLE, ID 83616-4891		
I affirm that the registered agent appointed h	as consented to serve as registered agent t	or this entity.	
5. Governors			
Name	Address		
Alex Servatius	217 N STORYBOOK WAY EAGLE, ID 83616		
Signature of Organizer:			
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Alex Servatius		06/23/2020	
Sign Here			