



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 OCT -7 AM 8:38

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LUKE SNELL'S FAMILY PHARMACY LIMITED LIABILITY COMPANY

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

1910 Winterhaven Drive, Hailey, Idaho 83333

(Street Address)

(Mailing Address, if different than street address)

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

Lucas R. Snell

(Name)

1910 Winterhaven Drive, Hailey, Idaho 83333

(Street Address)

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

Name

Address

Lucas R. Snell

1910 Winterhaven Drive, Hailey, Idaho 83333

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

1910 Winterhaven Drive, Hailey, Idaho 83333

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Lucas R. Snell

Typed Name: LUCAS R. SNELL

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/07/2011 05:00
CK: 12540 CT: 91848 RM: 1293419
1 @ 100.00 = 100.00 ORGAN LLC # 2

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