

CERTIFICATE OF ORGANIZATIONILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited link	SIALE OF IDAM
The name of the limited liab	
	VWR, LLC
2. The complete street and mai	iling addresses of the initial designated/principal office:
	9 W. Hale Street, Boise, Idaho 83706
(Street Address)	
(Mailing Address, if different than street a	address)
3. The name and complete stre	eet address of the registered agent:
Nathan Powers (Name)	2778 Harmony Avenue, Boise, Idaho 83706
(Name)	(Street Address)
4. The name and address of at company:	least one member or manager of the limited liability
Name	<u>Address</u>
Corey J. Rippee	349 W. Hale Street, Bolse, Idaho 83706
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5. Mailing address for future co	rrespondence (annual report notices):
349	9 W. Hale Street, Boise, Idaho 83706
3. Future effective date of filing	(optional):
ignature of organizer(s), (An organ	nizer is a member, or is
cting in behalf of a member or member	
ionatus 4	Secretary of State use only
ignature	Po Mombor
yped Name: Còrey J. Rippe	#B, Member
lana atau a	DAMO SECRETARY OF STATE 002/01/02/02/03/2018 05: 04/23/2018 05: CK: 18634 CT: 28168 MH: 121
ignature	95 04/23/2010 051
yped Name:	E 2 LA 190 GG - 100 GG ADDAN 1 121

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