

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 SEP -8 AM 9: 36

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liabili	ity company is:
	Sun Valley Pharma Consult LLC
2. The complete street and maili	ng addresses of the initial designated/principal office:
	lizer Gulch Road, Hailey, Idaho 83333
(Street Address)	
Post O	ffice Box 5619, Ketchum, Idaho 83340
(Mailing Address, if different than street add	
The name and complete stree	t address of the registered agent:
Ronald G. Browne	102 Mizer Gulch Road, Hailey, Idaho 83333
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Ronald G. Browne	Post Office Box 5619 Ketchum, Idaho 83340
	espondence (annual report notices):
Post Off	fice Box 5619, Ketchum, Idaho 83340
Future effective date of filing (o	ptional): not pplicable
gnature of organizer(s). (An organiz ing in behalf of a member or members)	er is a member, or is
ing in behalf of a members)	Secretary of State use only
gnature	NSAN -
ped Name: Edward A. Lar	wenn g
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	WSON IDAHO SECRETARY ### ### ### ### ### ################
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