



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

AUG 18 AM 9:09
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

PRN Therapy Solutions, LLC

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

545 Creekview Dr, Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Ryan Myhre

(Name)

545 Creekview Dr, Meridian, ID 83646

(Street Address)

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

Name

Address

Ryan Myhre

545 Creekview Dr, Meridian, ID 83646

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

545 Creekview Dr, Meridian, ID 83646

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Ryan Myhre*

Typed Name: Ryan Myhre

Signature _____

Typed Name: _____

Secretary of State use only

g:\corp\forms\LLC form\cert_org_llc_PMD Revised 07/2008

IDAHO SECRETARY OF STATE
08/18/2008 05:00
CK: 1053 CT: 228919 BH: 1132140
1 @ 100.00 = 100.00 ORGAN LLC # 2

W76958