State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

MERIDIANRX, LLC

File Number W 155417

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 24, 2015

THE STATE OF THE S

SECRETARY OF STATE



Rev. 07/2015

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.



1.	. The name of the entity is: MeridianRx, LLC							
2.	The name which it shall use in Idaho is: MeridianRx, LLC							
3.		(Enter a name here, only if you are required to adopt an alternate name)						
•	☐ Business Corporation ☐ General Partnership							
	•		☐ General Cooperative Ass	cociation				
	☐ Limited Liability Partnership		☐ Limited Partnership (Including a limited liability limited partnership					
	☑ Limited Liability Cor	•	☐ Statutory Trust, Business	-	-	•		
	_							
	Other: (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)							
4.	Jurisdiction of formation		ny type to <u>not</u> noted above, and onto	are type riere.y				
		(Provide the domestic jurisdiction where the entity was formed)						
5.	The address of its principal office is:							
	1001 Woodward Ave	., Suite 700		Detroit			48226	
	(Street Address)			(City)		(State)	(Zipcode)	
	(Mailing Address, if differer	nt)		(City)		(State)	(Zipcode)	
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:							
	1001 Woodward Ave	-	_ Detroit			MI 48226		
	(Street Address)			(City)		(State)	(Zipcode)	
	(Mailing Address, if differer	nt)		(City)		(State)	(Zipcode)	
7.	The mailing address to	o which correspon	ndence should be addressed	l, if different fi	rom item 5, is:			
	(Address)			(City)	. _	(State)	(Zipcode)	
8.	Name and street address of registered agent in Idaho:							
	C T Corporation System		1111 West Jefferson, Suite 530 Boise			ID	83702	
	(Name)		(Address)	, Suite 55 <u>0</u>	(City)	(State)	(Zipcode)	
9.	The name_capacity_a	and mailing addre	ss of at least one governor:		(0.9)	(0.2.0)	(2,6000)	
•	Michael L. Stines	Manager	1001 Woodwar	d Ave Suite	700 Detroit	MI	48226	
	(Name)	(Capacity)	(Address)		(City)	(State)	(Zipcode)	
	Cara D. Catta-		4004 144		. ,,	,	,	
	Sean P. Cotton (Name)	Manager (Capacity)	1001 Woodwa			M1	48226	
	(Name)	(Capacity)	(Address)	<u></u>	(City)	(State)	(Zipcode)	
				<u> </u>	IDAHO SECI	RETARY OF S	3TATE	
	Typed Name: Michael L. Stines						2015 05:00	
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	Signature:4	My		of (
	 			itany				
	Capacity: <u>Manager</u>		_ 	Secretary of State	ĺΛΙ	155 / L	-1	
Ray 07/2015]	VV	15541	1	





This is to Certify That

MERIDIANRX, LLC

was validly organized on November 10, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1329786

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of August, 2015

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau