

# State of Idaho

Office of the Secretary of State

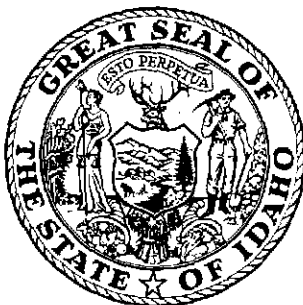
**CERTIFICATE OF REGISTRATION  
OF  
GUIDANTRX, INC.**

File Number C 210374

I, LAWRENCE 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: July 1, 2016



*Lawrence Denney*  
SECRETARY OF STATE

By

*[Signature]*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

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SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: GuidantRx, Inc.
2. The name which it shall use in Idaho is: GuidantRx, Inc.  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Wisconsin  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
300 Technecenter Drive, Suite B Milford, OH 45150  
(Street Address)  
Same as Above  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
N/A  
(Street Address)  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
Walter Valentine C/O Enclara Pharmacia 1601 Cherry St, Suite 1800 Philadelphia, PA 19102  
(Address)
8. Name and street address of registered agent in Idaho:  
Corporation Service Company      12550 W Explorer Drive, Suite 100 Boise, ID 83713  
(Name)      (Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Scott Baach</u>	<u>Secretary</u>	<u>1601 Cherry St, Suite 1800 Philadelphia, PA 19102</u>
(Name)	(Capacity)	(Address)
<u>Andrew Horowitz</u>	<u>President</u>	<u>1601 Cherry St, Suite 1800 Philadelphia, PA 19102</u>
(Name)	(Capacity)	(Address)

Typed Name: Scott Baach

Signature: \_\_\_\_\_

Capacity: Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

07/01/2016 05:00

CK:101531 CT:326349 BH:1535911  
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C210374

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**GUIDANTRX, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 29, 1994.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 03, 2016.

A handwritten signature in cursive script that reads "George Petak".

GEORGE PETAK, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **178215-0212EBFF**