



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 MAY 20 PM 2: 05

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho CVS Pharmacy, L.L.C.

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

921 S Orchard Street, Suite G, Boise, ID 83705

(Street Address)

One CVS Drive, MC 1160, Woonsocket RI 02895

(Mailing Address, if different than street address)

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

CT Corporation System

(Name)

921 S Orchard Street, Suite G, Boise, ID, 83705

(Street Address)

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

Name

Address

CVS Pharmacy, Inc. (Member)

One CVS Drive, Woonsocket RI 02895

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

One CVS Drive, MC 1160, Woonsocket RI 02895

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Melanie K Luker, Assistant Secretary
of Member

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/20/2015 05:00

CK:PREPAID CT:278665 BH:1476361

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