



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 APR -6 AM 10:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Pharmacy Consulting of Idaho, LLC

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

12097 Goldenrod Avenue

(Street Address)

Boise, Idaho 83713

(Mailing Address, if different than street address)

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

Mark Filicetti

(Name)

12097 Goldenrod Ave., Boise ID 83713

(Street Address)

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

Name

Address

Mark Filicetti

12097 Goldenrod Ave., Boise ID 83713

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

12097 Goldenrod Ave., Boise ID 83713

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

Signature of a manager, member or authorized person.

Signature

Mark Filicetti

Typed Name:

Mark Filicetti

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/2015 05:00

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