



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

File #: 0005509350

Date Filed: 12/12/2023 12:53:00 PM

1. The name of the entity is: McKesson Total Care Solutions Group Purchasing Organization, LLC
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(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 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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: DE  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
6535 State Highway 161, Irving, TX 75039  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
8. Name and street address of registered agent in Idaho:  
Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>McKesson Total Care Solutions, LLC</u>	<u>Member</u>	<u>6535 State Highway 161, Irving, TX 75039</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Juliet Pate

Signature:

Capacity: Asst. Secretary of McKesson Total Care Solutions, LLC, the Sole Member

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# Delaware

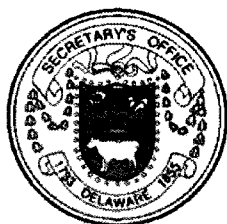
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCKESSON TOTAL CARE SOLUTIONS GROUP PURCHASING ORGANIZATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCKESSON TOTAL CARE SOLUTIONS GROUP PURCHASING ORGANIZATION, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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SR# 20234142908

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204738415

Date: 12-05-23

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