



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JAN 18 PM 4:49

STATE OF IDAHO

1. The name of the limited liability company is:

Swift Rx LLC

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

490 E Sunnyridge Ct

(Street Address)

Boise IDAHO 83702

(Mailing Address, if different than street address)

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

James Morland

(Name)

490 E. Sunnyridge Ct

(Street Address)

Boise ID 83702

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

Name

Address

James Morland

490 E. Sunnyridge Ct

Boise ID 83702

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

490 E Sunnyridge Ct Boise ID 83702

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JAMES MORLAND Member

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/19/2011 05:00
CK: 5200 CT: 246003 BH: 1255896
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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