







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (LIMITED **LIABILITY COMPANY)**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003533022

Date Filed: 6/6/2019 3:12:00 PM

Standard or Expedited Service (select one	·		d (filing fee \$100)				
The name this limited liability company will use in Idaho is: Entity name		CONTINUED CARE LTC PHARMACY IDAHO LLC					
2. Home Jursidiction							
The jurisdiction of formation is:		COLORADO					
3. The street address of its domestic principal office (if	required by the laws of the juris		·				
Street Address		3895 UPHAM STREET STE 30					
		WHEAT RIDGE, CO 80033					
4. The mailing address of its domestic principal office (i	if required by the laws of the jur	isdiction of	formation) is:				
Mailing Address		3895 UPHAM STREET					
		STE 30 WHEAT RIDGE, CO 80033					
5. The complete street address of the principal office in							
5. The complete street address of the principal office is: Principal Office Address		684 EAST VINE STREET					
		STE 3					
		MURRAY, UT 84107					
6. The mailing address of the principal office is:							
Mailing Address		684 E VINE ST STE 3					
		MURRAY, UT 84107-5540					
7. Registered Agent Name and Address							
Registered Agent			red Agent				
		BRANDON HAGEN Physical Address: 8601 WEST EMERALD STREET					
						STE 176	
		BOISE, ID 83704 Mailing Address: 684 E VINE ST STE 3 MURRAY, UT 84107-5540					
						MURRA	
				8. Governors			
Name	Title		Address				
BRANDON HAGEN	MEMBER		8601 W EMERALD ST STE 176				
			BOISE, ID 83704-8297				
L			,				
Signature of individual authorized by the entity to sign:							
BRANDON HAGEN			06/06/2019				
Sign Here							



Print & Mail Enclosures

Certificate of Existence/Good Standing from the State in which this entity was originally formed dated within 90 days of today.

Payment in the amount of \$100.00 (if expedited, \$120) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Continued Care LTC Pharmacy Idaho LLC

is a

Limited Liability Company

formed or registered on 03/30/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181273862.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/25/2019 that have been posted, and by documents delivered to this office electronically through 03/28/2019 @ 10:35:23.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/28/2019 @ 10:35:23 in accordance with applicable law. This certificate is assigned Confirmation Number 11479725 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

End of Certificate

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