

FILED EFFECTIVE P. 03

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 JUL -9 PM 4:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Correctional Pharmaceutical Services LLC

2. The complete street address, and mailing address if different, of the initial designated/
-
- principal office:

365 W Spring Meadow Dr. Idaho Falls, Idaho 83404

3. The name of the commercial registered agent; or the name and complete street
-
- address of the non-commercial registered agent:

Jeff Keller 365 W Spring Meadow Dr. Idaho Falls, Idaho 83404

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

Name	Address
Jeff Keller	365 W Spring Meadow Dr. Idaho Falls, Idaho 83404

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

365 W Spring Meadow Dr. Idaho Falls, Idaho 83404

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member,
or is acting in behalf of a required, and existing, initial member
or members).

Signature 
Typed Name: Darren K. Covert, Esq.

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/09/2008 05:00
CK: 138277 CT: 172899 BH: 1126363
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

© Copyright LLC forms, org. llc. PWD
Revised 07/2008

W75869