

State of Idaho

Office of the Secretary of State

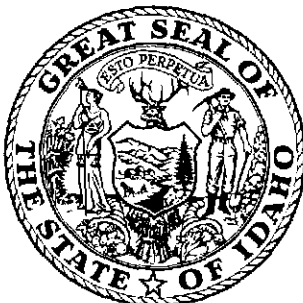
**CERTIFICATE OF REGISTRATION
OF
JACKSON PHARMACY PROFESSIONALS, LLC**

File Number W 186307

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 17, 2017



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 JUL 17 AM 10:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Jackson Pharmacy Professionals, LLC
2. The name which it shall use in Idaho is: _____
(If not an exact name, 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: _____ <small>(Use "Other" only if you wish an entity type is not listed above, and enter the type here.)</small>	
4. Jurisdiction of formation: Georgia
(Provide the domestic jurisdiction where the entity was formed.)
5. The address of its principal office is:
2655 Northwinds Parkway, Alpharetta, GA 30009
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
2655 Northwinds Parkway, Alpharetta, GA 30009
(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 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Jackson Pharmacy</u>	<u>Member</u>	<u>2655 Northwinds Parkway, Alpharetta, GA 30009</u>
<u>Professionals Holdings, LLC</u>	<small>(Capacity)</small>	<small>(Address)</small>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>

Typed Name: Douglas B. Kline

Signature: _____

Capacity: CFO

of Jackson Pharmacy
Professionals Holdings, LLC
(member)

Secretary of State use only

IDAHO SECRETARY OF STATE

07/18/2017 05:00

CK:25896 CT:302277 BH:1594028
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WIKLE 307

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JACKSON PHARMACY PROFESSIONALS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 14710847
Date Inc/Auth/Filed	: 02/22/2010
Jurisdiction	: Georgia
Print Date	: 06/16/2017
Form Number	: 211



Brian P. Kemp
Secretary of State