CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 OCT 30 AM 9: 10

			V 2
1. The name of the limited liability compar	ny is:	SECRETARY OF STATE OF IDA	STATE HO
Rx Solutions and		The second of th	
2. The complete street and mailing addres			
550 Vern Chub	ovck ID	83202_	
(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·		
3. The name and complete street address	of the registered ag	ent:	
Blake Buffat (Same)	550 Vern Ontreet Address)	ubbuck ID 8	33202
4. The name and address of at least one r company:	nember or manager	of the limited liability	у
Name	A	ddress	
Blake Buffat	550 Yern Chi	ulabuck ID 83	:202
	·		
	, · · ·		_
5 Marillan address for follows			
5. Mailing address for future corresponder		·	
550 Vern Chubby	<u> </u>	3202	
6. Future effective date of filing (optional):			
Signature of a manager, member or au	horized		
person.		Secretary of State use only	
Signature P			
Typed Name: Blake Buffat		10/30/2014	
		:812 CT:302723	BH: 14
Signature	10 1	00.00 = 100.00	ORGAI
Typed Name:		111111280	110