

# State of Idaho

Office of the Secretary of State

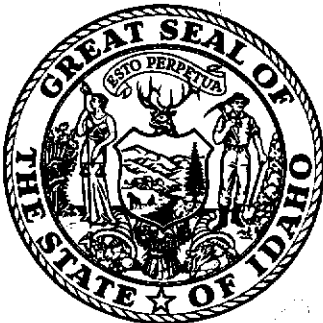
**CERTIFICATE OF AUTHORITY  
OF  
MCKESSON PHARMACY SYSTEMS LLC**

File Number W 98084

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 22, 2010



*Ben Ysursa*

SECRETARY OF STATE

By *Christina*

FILED EFFECTIVE

253



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 NOV 22 AM 10: 59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

McKesson Pharmacy Systems LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is:
- Delaware

4. The name and complete street address of the registered agent in Idaho is:

The Prentice-Hall Corporation System Inc. 12650 W. Explorer Dr., Suite 100, Boise ID 83713

5. The street and mailing address of the limited liability company's principal office is:

30881 Schoolcraft Road, Livonia, MI 48150

Street Address

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

2711 Cenerville Road, Suite 400, Wilmington, DE 19808

Street Address

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

McKesson Corporation

One Post Street, San Francisco, CA 94104

8. The mailing address for future correspondence:

ATTN: Karen M. Pineda, One Post Street, San Francisco, CA 94104

9. Signature of a manager, member or authorized person.

Signature

Karen M. Pineda, Assistant Secretary

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
 11/22/2010 05:00  
 CK: 552779 CT: 172099 BH: 1248100  
 1 @ 100.00 = 100.00 REGFORGLLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W98084

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MCKESSON PHARMACY SYSTEMS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF JUNE, A.D. 2008, AT 8:03 O'CLOCK P.M.

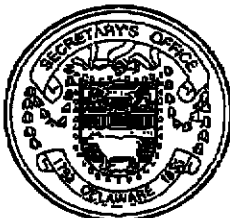
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "MCKESSON PHARMACY SYSTEMS LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4565953 8310

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You may verify this certificate online  
at [corp.delaware.gov/authvax.shtml](http://corp.delaware.gov/authvax.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8369560

DATE: 11-22-10