

Signature\_ Typed Name:

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP 22 AM 8: 35

(	2011 01 app.10a.1.5.1.)	COSTABNA SELLA
. The name of the limited liability company is:		STATE OF IDAHO
•	TRU RX LLC	3 3 37 10
. The complete street and mailing	addresses of the initial de	signated/principal office:
842 E Winding Creek Dr, Eagle, ID 83	8616	•
(Street Address) PO Box 1389, Eagle, ID 83616		
(Mailing Address, if different than street addres	s)	
. The name and complete street a	ddress of the registered a	gent:
Scott Adcock	842 E Winding Creek Dr, Eagle, ID 83616	
(Name)	(Street Address)	
. The name and address of at leas company:	st one member or manage	r of the limited liability
<u>Name</u>		<u>Address</u>
Scott Adcock	842 E Winding Creek Dr.	Eagle, ID 83616
<u> </u>		<u> </u>
· · ·		
	**************************************	
. Mailing address for future corres	pondence (annual report r	notices):
PO Box 1389, Eagle, ID 83616		
. Future effective date of filing (op	tional):	
. I didio onodivo dato et ililig (op		
gnature of a manager, member	or authorized	
erson.		Secretary of State use only
	-	
gnature		
/ped Name: Scott Adcock		TRAIN OF CONTROL OF CTATE

IDANO SECRETARY OF STATE
@9/22/2011 05:00
CK: 2368 CT: 256304 BH: 1291383
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