



0005204450

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005204450

Date Filed: 4/24/2023 6:28:40 AM

## Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)

## 1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Limited Liability Company

Entity name

Independent Pharmacy Distributor, LLC

Independent Pharmacy Distributor, LLC

## 2. Home Jurisdiction

The jurisdiction of formation is:

NORTH CAROLINA

## 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

1107 WEST MARKET CENTER DRIVE  
HIGH POINT, NC 27260

## 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

1107 WEST MARKET CENTER DRIVE  
HIGH POINT, NC 27260

## 5. The complete street address of the principal office is:

Principal Office Address

1107 WEST MARKET CENTER DRIVE  
HIGH POINT, NC 27260

## 6. The mailing address of the principal office is:

Mailing Address

1107 W MARKET CENTER DR  
HIGH POINT, NC 27260-1642

## 7. Registered Agent Name and Address

Registered Agent

INCorp SERVICES, INC.  
Commercial Registered Agent

Physical Address

1310 S VISTA AVE  
STE 28  
BOISE, ID 83705

Mailing Address

1310 S VISTA AVE  
STE 28  
BOISE, ID 83705☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 8. Governors

Name	Title	Address
Russell Patterson	Manager	1107 W MARKET CENTER DR HIGH POINT, NC 27260-1642
Allyson Spivey	Manager	1107 W MARKET CENTER DR HIGH POINT, NC 27260-1642
Jeremy Mattson	Manager	17199 N LAUREL PARK DR LIVONIA, MI 48152-2683



Signature of individual authorized by the entity to sign:

*Russell Patterson*

Sign Here

*04/24/2023*

Date

Job Title: President



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### INDEPENDENT PHARMACY DISTRIBUTOR, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 15th day of July, 2015

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of April, 2023.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.