

251

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 SEP - 2 pm 2:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Rxemedy LLC.

2. The complete street and mailing addresses of the initial designated/principal office:

130 N. 755 W. Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kerry L Casperson

(Name)

130 N. 755 W. Blackfoot, ID 83221

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Kerry L Casperson

130 N. 755 W. Blackfoot, ID 83221

5. Mailing address for future correspondence (annual report notices):

130 N. 755 W. Blackfoot, ID 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Kerry L CaspersonTyped Name: Kerry L Casperson

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 09/02/2011 05:00  
 CK: 775683 CT: 172099 BH: 1289859  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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