



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 NOV 25 AM 8:38

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Origins Pharmacy Solutions LLC

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

1128 west 4th street north Middleton ID 83644

(Street Address)

(Mailing Address, if different than street address)

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

Jaren Reyna

(Name)

1128 west 4th street north Middleton ID 83644

(Street Address)

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

Name

Address

Corina Reyna

1128 west 4th street north Middleton ID 83644

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

1128 west 4th street north Middleton ID 83644

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/25/2008 05:00
CK: 2468 CT: 231754 BH: 1145938
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