



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR 30 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Praxis Rx Mail Order Pharmacy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Praxis Specialty Pharmacy, 5455 West Waters Ave, STE 214 Tampa, FL 33634

(Name) LLC (Address)

(W138452)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Praxis Specialty Pharmacy, LLC

(Name)

103 West Vandalia St. STE 100

(Address)

Edwardsville IL 62025

(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: William S. Bailey

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/30/2018 05:00

CK:10729 CT:355476 BH:1635553
1@ 25.00 = 25.00 ASSUM NAME #4

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