



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 JAN -2 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TLC Pharmacy Consulting LLC

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

4701 Carlile, Pocatello ID 83204

(Street Address)

Same as Street Address

(Mailing Address, if different than street address)

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

Toni L. Cantrell

4701 Carlile, Pocatello ID 83204

(Name)

(Street Address)

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

Name

Address

Toni L. Cantrell

4701 Carlile, Pocatello ID 83204

Trever C. Cantrell

4701 Carlile, Pocatello ID 83204

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

3366 Summit Drive, Pocatello ID 83201

6. Future effective date of filing (optional):

N/A

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

Signature

Toni L. Cantrell

Typed Name: Toni L. Cantrell

Signature

Trever C. Cantrell

Typed Name: Trever C. Cantrell

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2009 05:00
CK: 1856 CT: 222862 BH: 1158464
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Revised 07/2008

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