CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

For Office Use Only

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

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		Complete and submit	the application in <u>duplic</u>	ate.	File #: 0003408620	2
1.	The name of the limited liability company is:				Date Filed: 1/10/2019 4:12:00 PM	10/
		Pharmacists International, LLC.				
	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)					
2.	The complete street and mailing addresses of the principal office is:					19
۷.	The complete street and mailing addresses of the principal office is: 2979 JWU 95 S #26, Moscow, ID 83843					4
	(Street Address)					<u></u>
	2979 Highway 95 S #26 Moscow ID 83843-7832					N
	(Mailing Address, if different)					<u> </u>
3.	The name of the registered agent and the street address of the registered agent:					汉 0
	Esther M. Escusa 2979 Highway 95 S #26 Moscow ID 83843-78				G	Received
	(Name) (Address cannot be a post office box or postal mail box.)					<u> </u>
4	The new	a and address of at l		1224		Ď.
4.	The name and address of at least one governor of the limited liability company: Katherine J Anderson 2440 Alki Ave SW #101 Seattle WA 98116				Λq	
	(Name) (Address)				WA 98116	
			(, tadioso)			.
	(Name)		/*			
	(Hame)		(Address)			- CT-04
	76.1 · · · ·					
	(Name) (Address)				- ary	
						, 0
	(Name)	(Name) (Address)				
5.	Mailing address for future correspondence (appual paget actions).					φ 23
Э.	Mailing address for future correspondence (annual report notices): Katherine J Anderson 2440 Alki Ave SW #101 Seattle WA 98116					at
	(Address)					<u>U</u>
						Lawe
Sig	nature of o	rganjzer(s).	_			Õ
Sign	Signature Latherine Secretary of State use only					
o.g.	7	Katherine J.	Andorson			ence
Prir	ited Name:	Taulellie J. /	7110613011			U
						enne
Sig	Signature:					

Rev. 11/2015

Printed Name: -