State of Idaho

Office of the Secretary of State

OF PROACT PHARMACY SERVICES, INC.

File Number C 218351

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 25, 2018

THE COLOR OF THE C

SECRETARY OF STATE

Ву

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, idaho Code

Filling fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 JUN 25 PM 2: 33

SECRETARY OF STATE STATE OF IDAHO

| 1. | . The name of the entity is: PROACT PHARMACY SERVICES, INC. | | | | | | | | | | | |
|--|--|--|---|---------------------------|---|----|--|--|--|--|--|--|
| 2. | The name which it shall use in | ne name which it shall use in Idaho is: PROACT PHARMACY SERVICES, INC. (Enter a name here, only if you are required to adopt an alternate name) | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | Business Corporation | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Limited Liability Partnership | Limited Liability Partnership | | | | | | | | | | |
| | ☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust ☐ Other: ☐ Other: ☐ Statutory Trust, Business Trust, or Common-law Business Trust ☐ Other: ☐ Statutory Trust, Business Trust, or Common-law Business Trust | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 4, | Jurisdiction of formation: New York | | | | | | | | | | | |
| 5. The address of its principal office is: 29 East Main Street, Gouverneur, NY 13642 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 6. | The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: 29 East Main Street, Gouverneur, NY 13642 **Extress Address Plantages: | | | | | | | | | | | |
| | | | | | | 7. | The mailing address to which | mailing address to which correspondence should be addressed, if different from item 5, is: | | | | |
| | | | | | | 8. | Name and street address of re Corporation Service Con | | | 2550 W. Explorer Dr., Suite 100, Bolse, ID 83713 | | |
| 9. | The name, capacity, and mailing address of at least one governor: | | | | | | | | | | | |
| | Warren D. Wolfson | Secretary | 100 E. Washington St., Ste. 206, Syracuse, NY 13202 | | | | | | | | | |
| | Property Communication Communi | ्रे पेषुक्षकार अस्ति व | Acordinates | | | | | | | | | |
| | ं वैद्य ्य स्टब्स् | PO Supplemental | -81878543P | | | | | | | | | |
| | Typed Name: Warren D. Wo | olfson | | use only | IDAHO SECRETARY OF STATE 06/25/2018 05:00 CK:PREPAID CT:1157 BH:1650494 | | | | | | | |
| | Signature: | , b, Wasg | | cretary of State use only | 10 100.00 = 100.00 FOR REG ST #2 10 20.00 = 20.00 EXPEDITE C #3 | | | | | | | |
| | Capacity: Secretary | - | | 100 | C 218351 | | | | | | | |

Capacity: Secretary

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PROACT PHARMACY SERVICES, INC. was filed on 10/12/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 10/21/2014.

A Biennial Statement was filed 10/03/2016.

I further certify that no other documents have been filed by such corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of June two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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