State of Rhode Island and Providence Plan Department of State - Busines	ntations ss Services Division		
ertificate of Authority			. 1
OREIGN Corporation . → Filing Fee: \$310.00 minimum			-
ursuant to the provisions of RIGL <u>7-1.2-1405</u> , oplies for a Certificate of Authority to transact r that purpose submits the following stateme	Dusiness in the State of Falload Island, a	eby nd	
1. The name of the corporation is:			
Express Scripts Sales Operations, Inc.			
2. It is incorporated under the laws of: Ne	ew Jersey		
 The name, if different, which it elects to us (a) If the name of the corporation in its jurisdimination 	e in Rhode Island is:		
(b) If the corporate name is not available in F corporation will qualify and transact business filed with this application:	The labor of forth below the fic	titious name under w ous Business Name \$	
(b) If the corporate name is not available in F corporation will qualify and transact business filed with this application:	The labor of forth below the fic	titious name under w ous Business Name \$	hich the Statement" to be
 (b) If the corporate name is not available in F corporation will qualify and transact business filed with this application: 4. The date of its incorporation is: May 2 And the period of its duration is: CHECK O Perpetual (on-going) 	Rhode Island, then set forth below the fic s in Rhode Island as stated in the "Fictitic 23, 1991	titious name under w ous Business Name \$	
 (b) If the corporate name is not available in F corporation will qualify and transact business filed with this application: 4. The date of its incorporation is: May and the period of its duration is: CHECK O Perpetual (on-going) Date certain for dissolution 	Rhode Island, then set forth below the fic s in Rhode Island as stated in the "Fictitic 23, 1991	titious name under w ous Business Name \$	R.1 05754 S
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7. The purpose or purpose	es which it pro	poses to	pursue in the t	ransaction of bu	usiness in Rhode Island are:		
Provide sales support an	nd business dev	velopment	services.				
	pactive addres	sses of its	directors (opt	ional, unless dir	rectors are required under the laws of the	8	
8. (a) The names and res state or country of which i	it is incorporat	ed):					
NAME		ADDRESS					
Martin P. Akins		One Express Way, St. Louis, MO 63121					
					and the basis indicate an attachmer		
					Check the box to indicate an attachmer	aws	
8. (b) The names and read of the state or country of	spective addre	esses of it corporated	ts principal offi 1):	cers (mandator	y if directors are not required under the I		
OFFICE	NAME				ADDRESS		
PRESIDENT	See attachment						
VICE PRESIDENT							
TREASURER							
SECRETARY							
					Check the box to indicate an attachm	without	
9. The aggregate numb	er of shares w	hich it ha	s authority to	issue; Itemized	by classes, par value of shares, shares		
NUMBER OF SHARES	f any, within a class, is: CLASS		SERIES	PAR VALUE OR STATE NO PAR VA	LUE		
10,000	Common				\$0.00		
10,000	Common Class A			\$0.00	00		
	•						
10. (a) Estimate, in de	oliars, the valu	ie of all pr	roperty to be	(b) Estimate, i to be located	n dollars, the value of the corporation's p within Rhode Island during the following	oroperty year:	
owned by the corporation for the following year, wherever located: \$ 10,000,000			10,000				
(c) Estimate, as a per within this state during following year, wherev	centage, the	proportion year bea ote: Divide	that the estim rs to the value (10b) by (10a	nated value of the of all property of all property of all property of all and multiply here and multiply here all and multiply here all and multiply here all all all all all all all all all al	ne property of the corporation to be local of the corporation to be owned during the by 100 to obtain the percentage.	e	
0.10	%						

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11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
\$	\$
from places of business in Rhode Island during the following transacted by the corporation during the following year. Not percentage.	amount of business to be transacted by the corporation at or g year compared to the gross amount thereof which will be te: Divide (11b) by (11a) and multiply by 100 to obtain the
% 12 This application must be accompanied by a Certificate	of Good Standing/Letter of Status issued by the proper officer of
the state or country under the laws of which it is incorporat	eu mai is daled within oo duys er me ning er an
13. Date when the Certificate of Authority will be effective:	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 date	ays from the day of filing)
Under penalty of perjury, I declare and affirm that I have e. accompanying attachments, and that all statements conta	xamined this Application for Certificate of Authority, including any
Type or Print Name of Authorized Officer	Date
TIMOTHY Smith	1/13/17
Signature of Authorized Officer of the Corporation	KUMER META

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ATTACHMENT

STATE OF RHODE ISLAND CERTIFICATE OF AUTHORITY

EXPRESS SCRIPTS SALES OPERATIONS, INC.

Item 8(b) - Names and addresses of officers of the corporation:

President/Secretary Vice President Vice President Vice President/Treasurer Assistant Secretary Martin P. Akins Christopher A. McGinnis John Mimlitz Timothy Smith Joseph Satorius One Express Way, St. Louis, MO 63121 One Express Way, St. Louis, MO 63121

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

EXPRESS SCRIPTS SALES OPERATIONS, INC. 0100485050

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 23, 1991.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CTR STE 160, 100 CHARLES EWING BLVD EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of January, 2017

OM Builder

Ford M. Scudder Acting State Treasurer

Certificate Number : 6077078450 Verify this certificate online at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp





State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

