

State of Rhode Island and Providence Plantations Department of State - Business Services Division

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

or that purpose submits the following statement:	siness in the State of Rhode Island, and	y
1. The name of the corporation is:		
Express Scripts Sales Operations, Inc.		
<u></u>	Jersey	
3. The name, if different, which it elects to use in	Rhode Island is:	I " " " " " " " " " " " " " " " " " " "
(a) If the name of the corporation in its jurisdictio "incorporated", or "limited," or an abbreviation the above corporate endings for use in Rhode Island	on of incorporation does not contain the ereof, then list the name of the corpora	word corporation, company, ion with the addition of one of the
(b) If the corporate name is not available in Rho corporation will qualify and transact business in filed with this application:	de Island, then set forth below the fictiti Rhode Island as stated in the "Fictitiou	ous name under which the s Business Name Statement" to be
4. The date of its incorporation is: May 23,	1991	2011
,		
_	ONE BOX	
And the period of its duration is: CHECK ONLY Perpetual (on-going)	ONE BOX	
And the period of its duration is: CHECK ONLY	ONE BOX	2
And the period of its duration is: CHECK ONLY Perpetual (on-going) Date certain for dissolution	ONE BOX	
And the period of its duration is: CHECK ONLY Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: One Express Way, St. Louis, MO 63121		
And the period of its duration is: CHECK ONLY Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: One Express Way, St. Louis, MO 63121		21 21 SIM
And the period of its duration is: CHECK ONLY Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is:		100 STATE OF 100 S
And the period of its duration is: CHECK ONLY Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: One Express Way, St. Louis, MO 63121 6. The name and address of the initial registere	ed agent/office of in Rhode Island:	100 STATE OF 100 S

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY Cu 293987

Express Way, S		RESS		
Express Way, St		corporated): ADDRESS		
NAME One Express Way, St. Louis, MO 63121		1		
		heck the box to indicate an attachment.		
of its principal of				
ated):				
/IE	<u> </u>	ADDRESS		
······································				
		Check the box to indicate an attachment.		
t has authority to	issue: Itemized by	classes, par value of shares, shares without		
is:	idodo, itoriina a s,			
	SERIES	PAR VALUE OR STATE NO PAR VALUE		
		\$0.00		
Class A	1	\$0.00		
Il property to be	(b) Estimate, in o	dollars, the value of the corporation's prope thin Rhode Island during the following year:		
youn, miles	1	,000		
	t has authority to	of its principal officers (mandatory in ated): ### A suthority to issue; Itemized by is: SERIES		

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.
\$_100,000,000	\$ <u>1,000,000</u>
(c) Estimate, as a percentage, the proportion of the gross of from places of business in Rhode Island during the following transacted by the corporation during the following year. Not percentage. 1 %	amount of business to be transacted by the corporation at or g year compared to the gross amount thereof which will be e: Divide (11b) by (11a) and multiply by 100 to obtain the
12. This application must be accompanied by a Certificate the state or country under the laws of which it is incorporate13. Date when the Certificate of Authority will be effective:	of Good Standing/Letter of Status issued by the proper officer of ed that is dated within 60 days of the filing of this document. CHECK ONLY ONE BOX
✓ Date received (Upon filing)✓ Later effective date (Date must be no more than 90 date)	
Under penalty of perjury, I declare and affirm that I have exaccompanying attachments, and that all statements contains	camined this Application for Certificate of Authority, including any
Type or Print Name of Authorized Officer	Date 1/13/17
Signature of Authorized Officer of the Corporation	KUMINT HITELY

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

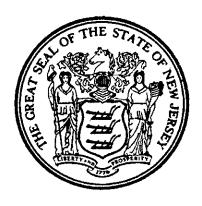
EXPRESS SCRIPTS SALES OPERATIONS, INC. 0100485050

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

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077078450

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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