



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 SEP 28 PM 2:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Full Draw Medical Sales LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LCO)

2. The complete street and mailing addresses of the principal office is:

3269 S. Capistrano Ave., Boise, ID 83705

(Street Address)

(Mailing Address, if different)

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

Joshua H. Miller

3269 S. Capistrano Ave., Boise, ID 83705

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Joshua H. Miller

3269 S. Capistrano Ave., Boise, ID 83705

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3269 S. Capistrano Ave., Boise, ID 83705

(Address)

Signature of organizer(s).

Printed Name: Joshua H. Miller

Signature: Joshua H. Miller

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/28/2015 05:00

CK:155 CT:315066 BH:1494101

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