

**FILED EFFECTIVE**



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG -4 AM 9:34

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

3 Rivers Health Center LLC

2. The complete street and mailing addresses of the initial designated/principal office:

390 West 13th Street, Idaho Falls, ID 83402

(Street Address)

same

(Mailing Address, if different than street address)

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

Karie A. Jonak

(Name)

172 West 14th Street, Idaho Falls, ID 83402

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Karie A. Jonak

172 West 14th Street, Idaho Falls, ID 83402

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

390 West 13th Street, Idaho Falls, ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Karie A. Jonak

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/04/2011 05:00  
CK: 2538 CT: 261253 BH: 1205235  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W105550