



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

10 MAY -7 PM 5:18

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Healthcare Outreach, LLC

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

15020 S. 10<sup>th</sup> Ave. Cir, CALDWELL, ID 83607

(Street Address)

(Mailing Address, if different than street address)

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

Ronda Aubrey

(Name)

15020 S. 10<sup>th</sup> Ave. Cir, CALDWELL, ID 83607

(Street Address)

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

Name

Address

RONDA AUBREY

15020 S. 10<sup>th</sup> Ave, CALDWELL, ID 83607

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

15020 S. 10<sup>th</sup> Ave Cir, CALDWELL, ID 83607

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Ronda Aubrey

Typed Name:

Ronda Aubrey

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

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05/07/2010 05:00  
CK: 433772 CT: 172099 BH: 1221375  
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