



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 FEB 28 AM 8:38

1. The name of the limited liability company is:

New Life Midwifery Services L.L.C. SECRETARY OF STATE  
STATE OF IDAHO

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

1431 Washington Street South Twin Falls ID 83301  
(Street Address)

(Mailing Address, if different than street address)

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

Brenda Fay Grogan  
(Name)

1431 Washington St. So. Twin Falls ID 83301  
(Street Address)

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

Name	Address
<u>Brenda Grogan</u>	<u>1431 Washington St. So. Twin Falls Id 83301</u>
_____	_____
_____	_____
_____	_____

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

1431 Washington St. So. Twin Falls ID 83301

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

Signature of a manager, member or authorized person.

Signature Brenda Grogan

Typed Name: Brenda Grogan

Signature Brenda Fay Grogan

Typed Name: Brenda Grogan

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/28/2012 05:00  
CK: 1027 CT: 267521 BH: 1312618  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3