

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 30 PN 2: 54

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		!
. The name of the limited liability compan	y is:	
1500 S	Shoreline, LLC	
The complete street and mailing address	ses of the initial designated/prin	cipal office:
(Street Address)	nyas poles na ver 12	
(Mailing Address, if different than street address)		
The name and complete street address of	of the registered agent:	
Jeffrey Taylor	190 East Bannock Boise ID 8	3712
(Name) (Str	reel Address)	
		- F
The name and address of at least one m company:	nember or manager of the limite	d liability
Name	Address	
St. Luke's Regional Medical Center, Ltd	190 East Bannock Boise ID 8	3712
	·	
And the second s		
. Mailing address for future correspondent	ce (annual report notices):	-
	nock Boise ID 83712	
Tribuna affective data of Illian faction is		
Future effective date of filing (optional):		
	•	
ignature of organizer(s). (An organizer is a mem	nber, or is	1
cting in behalf of a member or members).	The state of the s	
	Secretary of Sta	te use only
ignature 5/2/3-	ON GOD BENT	
yped Name: Jeffrey S. Tuylor		
	18	
ignature	25	
tigger water factor field		1

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