



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAY -4 PM 12:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medivents LLC

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

900 E. Columbary Court, Eagle, ID 83616

(Street Address)

PO Box 2678 Eagle, ID 83616

(Mailing Address, if different than street address)

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

Tim Reid

(Name)

450 E. Beacon Light Rd, Eagle, ID 83616

(Street Address)

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

Name

Philip J. Gorman

Address

900 E. Columbary Court, Eagle, ID 83616

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

PO Box 2678, Eagle, ID 83616

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

Typed Name: Philip J. Gorman

Signature

Typed Name:

Secretary of State use only

g:\comptomell.LLC forms\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
05/04/2010 05:00
CK: 431253 CT: 172899 DH: 1220690
1 @ 100.00 = 100.00 ORGAN LLC # 2

W93036