251			FILED EF	FECTIVE
	CERTIFICATE OF OI LIMITED LIABILIT	Y COMPAN	Y 2012 DEC -6	
NE TOT	(instructions on back o	f application)	SECRETARY STATE 0	FIDAHO
le	ame of the limited liability comp ACEFN MEADOWS TH	nerapeutic	~ /	L.C.
6	omplete street and mailing addr 80 N. 9 th Street P. Address)			
(Mailing	Address, if different than street address)			
3. The name and complete street address of the registered agent:				
(Name	adow Clerico	SKC S. Broc (Street Address)	ik Trout Way	
Meadow Clerico 886 S. Brook Trout Way (Name) (Street Address) Meridian, 10 83642				
4. The na compa	ame and address of at least one iny:	e member or mana	ager of the limited liabilit	У
manayer M	eaded Clenico	886 S.Br	OOK Trout Way	Meridian 1083642
		<u>, , , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		·
		, , , ,		
	g address for future correspond 6 S. Brook Trout			42
		0-04 11.21	104001,10 300	
6. Future	effective date of filing (optiona	l):		
	of a manager, member or a	authorized		
person.	G. MAAA		Secretary of State use only	
Signature				
Typed Na	me: Meadow M. Cleric	0		
Signature			IDAHO SECRETARY OF 12/06/2012	05:00
	me:		CK: 1216103 CT: 172099 1 0 100.00 = 100.00 OF	BH: 1350215 Igan LLC # 2
9/21/2012	Ce	rt_org_lic Rev. 07/2010	6111969	57
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