



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN 30 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Health Solutions of Sun Valley LLC

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

150 Graduate Drive Ketchum ID 83340

(Street Address)

PO Box 2240 Sun Valley ID 83353

(Mailing Address, if different than street address)

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

Kathryn Guylay

(Name)

150 Graduate Drive Ketchum ID 83340

(Street Address)

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

Name

Address

Kathryn Guylay

PO Box 2240 Sun Valley ID 83353

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

PO Box 2240 Sun Valley ID 83353

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Kathryn Guylay

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/30/2015 05:00

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