



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 16 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

RELIABLE MEDICAL STAFFING, LLC.

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

3987 EAST 480 NORTH, RIGBY, ID 83442

(Street Address)

(Mailing Address, if different than street address)

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

SHAREE GROVER

(Name)

3987 EAST 480 NORTH, RIGBY, ID 83442

(Street Address)

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

NameAddress

SHAREE GROVER

3987 EAST 480 NORTH, RIGBY, ID 83442

STACY GROVER

3987 EAST 480 NORTH, RIGBY, ID 83442

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

3987 EAST 480 NORTH, RIGBY, ID 83442

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

Signature of a manager, member or authorized person.

Signature Sharee Grover

Typed Name: MEMBER

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/16/2011 05:00
CX: 1588 CT: 255549 BH: 1260254
1 P 100.00 = 100.00 ORGAN LLC # 2

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