



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 13 PM 12:08

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Provider Media Group, LLC.

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

900 E. Columbar 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:

Wallace Brown

(Name)

950 Curling Lane, Boise ID 83702

(Street Address)

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

Name

Address

Philip J. Gorman

900 E. Columbar 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

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/13/2009 05:00
CK: 212388 CT: 172899 DN: 1161192
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