

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG -9 AM 8: 35

SECRETARY OF STATE STATE OF IDAHO

he complete street and mailing	addresses of the initial designated/principal office:
275 South 5th Avenue, Lower Level, F	
(Street Address)	
(Mailing Address, if different than street address	s)
The name and complete street a	ddress of the registered agent:
James Everton	275 South 5th Ave, Lower Level, Pocatello, ID 83201
(Name)	(Street Address)
JLR Generations Health Mgt, Inc.	2/3 South 5th Ave, Lower Level, Pocatello, ID 63201
company:  Name  ILR Generations Health Mot. Inc.	Address 275 South 5th Ave, Lower Level, Pocatello, ID 83201
	<del></del>
ailing address for future corres	pondence (annual report notices):
LR Generations Health Management	, Inc. 275 South 5th Ave, Lower Level, Pocatello, ID 83201
uture effective date of filing (opt	tional):
nature of a manager, member	or authorized
on.	Secretary of State use only
ature//W	
ed Name: James Everton, CEO	
LR Generations Health N	I DHID SECRETORY
nature	08/09/2010 CK: 187 CT-000

CX: 1967 CT: 249780 BH: 1233985 1 0 100.00 = 100.00 ORGAN LLC # 8 1 0 20.00 = 20.00 EXPEDITE C # 9

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