



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 DEC -3 PM 1:30
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Salus Medical LLC

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

12415 W Tahiti Ct, Boise, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

Daniel W Grover

(Name)

12415 W Tahiti Ct, Boise, ID 83713

(Street Address)

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

Name

Daniel W Grover

Address

12415 W Tahiti Ct, Boise, ID 83713

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

12415 W Tahiti Ct, Boise, ID 83713

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Daniel W Grover

Secretary of State use only

Signature

Typed Name: _____

IDAHO SECRETARY OF STATE
12/03/2012 05:00
CK: 1212485 CT: 172099 BH: 1349705
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