



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 APR -5 AM 8:18

1. The name of the limited liability company is:

Healthline LLC

SECRETARY OF STATE
STATE OF IDAHO

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

342 Whitetail Dr., McCall, ID 83638

(Street Address)

PO Box 2690, McCall, ID 83638

(Mailing Address, if different than street address)

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

Julie Anne Conyers, M.D.

(Name)

342 Whitetail Dr., McCall, ID 83638

(Street Address)

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

Name

Address

Julie Anne Conyers, M.D.

342 Whitetail Dr., McCall, ID 83638

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

PO Box 2690, McCall, ID 83638

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Julie Anne Conyers M.D.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/05/2011 05:00
CK: 3735 CT: 254626 BH: 1267734
1 @ 100.00 = 100.00 ORGAN LLC # 2

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