



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 15 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NEWPORT RAHIM LLC

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

444 HOSPITAL WAY STE 607, POCATELLO, ID 83201

(Street Address)

PO BOX 986 BLACKFOOT, ID 83221

(Mailing Address, if different than street address)

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

JEFFREY D CLARK

(Name)

209 NW MAIN ST BLACKFOOT, ID 83221

(Street Address)

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

Name

Address

FAHIM RAHIM

444 HOSPITAL WAY STE 607, POCATELLO ID 83201

NAEEM RAHIM

444 HOPITAL WAY STE 607, POCATELLO ID 83201

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

PO BOX 986 BLACKFOOT, ID 83221

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JEFFREY CLARK

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/15/2011 05:00
CK: 19830 CT: 86549 BH: 1286473
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