



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JUN -5 PM 4:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Direct Occupational Care, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3015 E Magic View Dr. Meridian, ID 83642

(Street Address)

(Mailing Address, if different)

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

Travis Kemp, MD

3015 E Magic View Dr. Meridian, ID 83642

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Travis Kemp, MD

3015 E Magic View Dr. Meridian, ID 83642

(Name)

(Address)

Sarah Thiry

3015 E Magic View Dr. Meridian, ID 83642

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3015 E Magic View Dr. Meridian, ID 83642

(Address)

Signature of organizer(s).

Printed Name: Sarah Thiry

Signature: *Sarah Thiry*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/06/2018 05:00

CK:19140180 CT:172099 BH:1647353

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