



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 17 AM 10:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medico II LLC

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

320 Main Ave North Twin Falls, Idaho 83301

(Street Address)

P. O. Box 2653 Twin Falls, Idaho 83303-2653

(Mailing Address, if different than street address)

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

Penelope Parker

(Name)

320 Main Ave North, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Joe Shelton

320 Main Ave North, Twin Falls, Id 83301

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

P.O. Box 2653 Twin Falls, Id 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Berta Buckingham, Manager

Signature

Typed Name:

Secretary of State use only

W135604

IDAHO SECRETARY OF STATE
03/17/2014 05:00
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