



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 APR 28 AM 9:00

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:
Advanced Billing Practice, 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:
3544 E. 17th Street, Ste. 201 Ammon, Idaho 83406

(Street Address)

1192 S. 52nd E., Idaho Falls, Idaho 83401

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:
Scott R. Seedall 1192 S. 52nd E., Idaho Falls, Idaho 83401

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:
Colby Coombs 3544 E. 17th Street, Ste. 201, Ammon, Idaho 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
1192 S. 52nd E., Idaho Falls, Idaho 83401

(Address)

Signature of organizer(s).

Signature: Scott R. Seedall

Printed Name: Scott R. Seedall

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2016 05:00

CK:2345 CT:116842 BH:1525782

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