



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 19 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Caledonian Heart LLC

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

501 Falls Drive Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

All Day \$49 Idaho Registered Agent LLC

1011 N 11th Coeur D alene, ID 83814

(Name)

(Street Address)

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

Name

Address

Annette Haines

501 Falls Drive Idaho Falls, ID 83401

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

501 Falls Drive Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Annette Haines

Typed Name: Annette Haines

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2005

IDAHO SECRETARY OF STATE
04/19/2010 05:00
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