



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

2018 JAN 18 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Hope Medical Billing, Limited Liability Company

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

2. The complete street and mailing addresses of the principal office is:
536 Hope Ave, Hope ID 83836

(Street Address)

PO Box 461, Hope ID 83836

(Mailing Address - If different)

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

Dr. Jamie Davis, 536 Hope Ave #461 Hope ID 83836

(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:

Jamie Davis

536 Hope Ave Box 461, Hope ID 83836

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 461, Hope ID 83836

(Address)

Signature of organizer(s).

Signature: [Signature]

Printed Name: Jamie Davis

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/18/2018 05:00

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