



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 APR -8 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PRACTICE EDGE BILLING SOLUTIONS LLC

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

2088 E SUMMERRIDGE DR, MERIDIAN, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

JANA BARKER

(Name)

2088 E SUMMERRIDGE DR, MERIDIAN, ID 83646

(Street Address)

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

Name

Address

JANA BARKER

2088 E SUMMERRIDGE DR, MERIDIAN, ID 83646

TREVI HARDY

3047 N FIELDSTONE WAY, MERIDIAN, ID 83646

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

2088 E SUMMERRIDGE DR, MERIDIAN, ID 83646

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

Typed Name: JEFFERY R HURST, CPA

Signature

Typed Name:

Secretary of State-use only

W 92294

IDAHO SECRETARY OF STATE
04/08/2010 05:00
CK: 6263 CT: 246849 BH: 1216757
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