



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 15 PM 1:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seasons of Hope Medical Services, LLC

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

4650 Hawthorne Road Suite 3B Chubbuck, ID 83202
(Street Address)

(Mailing Address, if different than street address)

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

Heath Sommer

(Name)

4650 Hawthorne Road Suite 3B Chubbuck, ID 83202
(Street Address)

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

Name

Address

Heath Sommer

4650 Hawthorne Road Suite 3B Chubbuck, ID 83202

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

4650 Hawthorne Rd Suite 3B Chubbuck ID 83202

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Heath Sommer

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/15/2010 05:00
CK: 1338 CT: 247442 BH: 1251050
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