

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

08 DEC 16 PM 2:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Neurosciences Center, LLC

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

98 Poplar Street, Blackfoot, Idaho 83221

(Street Address)

(Mailing Address, if different than street address)

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

Louis Kraml

(Name)

98 Poplar Street, Blackfoot, Idaho 83221

(Street Address)

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

**Name****Address**

Louis Kraml

98 Poplar Street, Blackfoot, Idaho 83221

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

98 Poplar Street, Blackfoot, Idaho 83221

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:

Nicholas L. Taylor

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008
 IDAHO SECRETARY OF STATE  
 12/16/2008 05:00  
 CK: 114195 CT: 1177 BH: 1144562  
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