

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC -2 PM 3:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HEALTH PLUS, LLC

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

4922 WYLIE LANE

(Street Address)

BOISE, ID 83703

(Mailing Address, if different than street address)

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

LINDSAY CLARKE

(Name)

4922 WYLIE LANE, BOISE, ID 83703

(Street Address)

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

Name**Address**

LINDSAY CLARKE

4922 WYLIE LANE, BOISE, ID 83703

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

4922 WYLIE LANE, BOISE, ID 83703

6. Future effective date of filing (optional): DECEMBER 2, 2008

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

Signature

Typed Name: ERIC R. CLARK, ORGANIZER

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
12/02/2008 05:00
CK: CASH CT: 231909 BH: 1146653
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