



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 12 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NW Health, LLC.

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

720 Mountain Creek Road, Sandpoint, ID 83864

(Street Address)

PO Box 202 Laclede, ID 83841

(Mailing Address, if different than street address)

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

Susan Chapman Caswell

(Name)

720 Mountain Creek Road, Sandpoint, ID

(Street Address)

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

Name

Address

Corrina Barrett

PO Box 237 Priest River ID 83856

Susan Chapman Caswell

PO Box 202 Laclede ID 83841

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

PO Box 202 Laclede ID 83841

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 Susan Chapman Caswell
Typed Name: Susan Chapman Caswell

Signature Corrina Barrett
Typed Name: Corrina Barrett

Secretary of State use only

s:\corporations\LLC form\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
06/12/2009 05:00
CK: NO CK # CT: 237928 BM: 1174449
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