

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 APR 17 PM 2: 09

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability compa	any is:	STAIL OF IDAILO	
	Compass	Health Consulting, L	LC	
2.	The complete street and mailing addresses of the initial designated/principal office: 9402 Burnett Drive, Boise, Idaho 83709			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Cynthia Clinkingbeard		ett Drive, Boise, ID 83709	
	(Name)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address		
	Cynthia Clinkingbeard	9402 Burnett Drive, Boise, ID 83709		
	Carol Pack	11455 W. Giants Dr., Boise, ID 83709		
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5. N	Mailing address for future correspondence (annual report notices): 9402 Burnett Drive, Boise, Idaho 83709			
	THE DUILLE	2170, 20130, Ida110 (
6. F	Future effective date of filing (optional)) :	A first section of the	
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Sian	ature of organizer(s). (An organizer is a m	emher or is		
-	g in behalf of a member or members).			
	Winds to		Secretary of State use only	
_	ature Cynthia Unkingbla		•	
Гуре	ed Name: Cynthia Clinking Leard	formsteer_org_ftc_PMD		
	Thank!			
_	ature / Will Sack	pyforms/LLC Revised O	IDAHO SECRETARY OF STATE	
Гуре	ed Name: Carol Pack	pyform:	04/17/2009 05:1 04:00 01:18427 No. 116	

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