				FILED EFFECTIVE	
251			ATE OF ORGANIZA	VI	
			s 21 and 25, Idaho Code	2017 JUN 27 AIT 10- 32	
		Filing fee: \$100 typed, \$120 not typed		SECRETARY OF STATE STATE OF IDAHO	
		Complete and su	bmit the application in <u>duplicate</u> .	STATE OF TOPUTO	
1.	Redynx I	Medical Billing L		is 10 million ( 10	
2.	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) The complete street and mailing addresses of the principal office is: 3708 Prism Dr, Idaho Falls, ID 83401				
	(Street Address) PO Box 3598, Idaho Falls, ID 83403				
	(Mailing Address. if different)				
3.	The name of the registered agent and street address of the registered agent:				
	Evelyn Rossi			3708 Prism Dr, Idaho Falls, ID 83401	
	(Name) (Address cannot be a post office box or postal mail box)				
4.	The name and address of at lease Evelyn Rossi		3708 Prism Dr, Io	st one governor of the limited liability company: 3708 Prism Dr, Idaho Falls, ID 83401	
	(1 ) (1)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(Name)		(Address)		
	(Name)		(Address)		
	(Name)		(Address)		
5.	Mailing address for future correspondence (annual report notices): 3708 Prism Dr, Idaho Falls, ID 83401				
	(Addres	s)			
Sig	nature of c	organizer(s).	<u></u>	Secretary of State use only	
Signature: CUN DOM			Non	IDAHO SECRETARY OF STATE	
Printed Name: Evelyn Rossi				06/27/2017 05:00 CK:23897 CT:256049 BH:1590895 10 100.00 = 100.00 DEGAN LLC #2	
Signature:				10 20.00 = 20.00 EXPEDITE C #3 $1.1/8/882$	
Printed Name:				W LULUU	
Rev. 11/2015					