

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 AUG 12 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
STERLING PEO, LLC
2. The complete street and mailing addresses of the initial designated office:
5412 S. House Rock Circle
(Street Address)
Idaho Falls, ID 83406
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:

SCOTT BROWN	5412 S. House Rock Circle, Idaho Falls, ID 83406
(Name)	(Street Address)

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

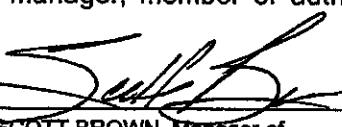
<u>Name</u>	<u>Address</u>
STERLING MEDICAL, LLC (Member)	5412 S. House Rock Circle, Idaho Falls, ID 83406

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

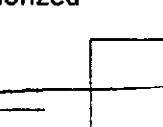
5412 S. House Rock Circle, Idaho Falls, ID 83406

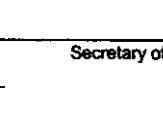
6. Future effective date of filing (optional): To be effective immediately upon filing.

Signature of a manager, member or authorized person.

Signature 

Typed Name: **SCOTT BROWN, Manager of
STERLING MEDICAL, LLC**

Signature 

Typed Name: 

Secretary of State use only

9/21/2012

cert_org_llc Rev. 07/2010

IDAHO SECRETARY OF STATE
08/12/2013 05:00
CK: 27771 CT: 178134 BH: 1385615
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W128065