



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 AUG 14 AM 9:32**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:  
**Dotted Line Medical Credentialing & Payer Enrollment, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
**625 8th Street, Idaho Falls, ID 83401**

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:  
**Shenae Huntsman 625 8th Street, Idaho Falls, ID 83401**

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:  
**Shenae Huntsman 625 8th Street, Idaho Falls, ID 83401**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):  
**625 8th Street, Idaho Falls, ID 83401**

(Address)

Signature of organizer(s).  
Signature: *Shenae Huntsman*  
Printed Name: Shenae Huntsman

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/14/2017 05:00  
CK:1048007488 CT:344073 BH:1598101  
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