

Signature:

Rev. 11/2015

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 SEP 30 AM 3= 0A

Complete and submit the application in duplicate.

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

	he words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
950 Hospital Way, Pocate	mailing addresses of the principal office is:
Street Address)	510, 10 00201
(Mailing Address, if different)	
The name of the registere	ed agent and street address of the registered agent:
Bryce Larsen	950 Hospital Way, Pocatello, ID 83201
Name)	(Address cannot be a post office box or postal mail box)
= 1	
	f at least one governor of the limited liability company:
Bryce Larsen	950 Hospital Way, Pocatello, ID 83201 (Address)
,	h mai coo)
Name)	
(MOTHE)	(Address)
(Name)	(Address)
Name)	(Address)
Mailing address for future	correspondence (annual report notices):
Mailing address for future	correspondence (annual report notices):
Mailing address for future 950 Hospital Way, Pocate	correspondence (annual report notices):
Mailing address for future 950 Hospital Way, Pocate (Address)	correspondence (annual report notices): ello, ID 83201
950 Hospital Way, Pocate (Address)	correspondence (annual report notices):
Mailing address for future 950 Hospital Way, Pocate (Address)	secorrespondence (annual report notices): ello, ID 83201 Secretary of State use only IDAHO SECRETARY OF STATE

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