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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 OCT -3 AM 11:06****SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Integrated Care Clinic 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:

444 Hospital Way Suite 607, Pocatello, ID, 83201

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:

Fahim Rahim444 Hospital Way, Suite 607, Pocatello, ID, 83201

(Name)

(Address, which may be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Fahim Rahim444 Hospital Way, Suite 607, Pocatello, ID, 83201

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

444 Hospital Way, Suite 607, Pocatello, ID, 83201

(Address)

Signature of organizer(s)

Signature: *Fahim Rahim*Printed Name: Fahim Rahim

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/03/2017 05:00

CK:14826288 CT:172099 BH:1605608

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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