Sep 30 2010 4:12PM

FILED EFFECTIVE

252

2010 SEP 30 PM 4: 29

CERTIFICATE OF ORGA	SECRETARY OF STATE
PROFESSIONA	STATE OF IDAHO
LIMITED LIABILITY CO	DINIPAIN Y
(Instructions on back of appli	içation)
The name of the professional limited liability	y company is:
MINION GEHMA	(N W.D., FLLO
The complete street and mailing addresses of the initial designated/principal office:	
The complete street and mailing addresses	ID 83704
413 NORTH ALLUMBAUGH, SUITE 101, BUISE.	
(Sitest Address)	
(Mailing Address, if different than street activous)	the registered spent:
The name and complete street address of	tite i chioteton essim
	WEST STATE STREET #235, BOISE, ID 83702
NINON GERMAN IND.	WEST STATE
(Name)	
4. The name and address of at least one me	mber or manager of the professional limited
4. The name and address of at least one me liability company:	
Name	WEST STATE STREET #235, BOISE, ID 83702
	and the state of t
5. Malling address for future correspondence	e (annual report notices):
5. Malling address for future correspondents 1770 WEST STATE STREET #235, BOISE, ID	83702
6. Future effective date of filling (optional):	
	HODAL COMPANY, and the principal to rander
7. The limited liability company is a product like	censed or otherwise legally authorized to render
	censed or otherwise legally authorized to render consed or otherwise legally authorized to render
professional services is:	censed or otherwise legally authorized to render
professional services is:	DICINE
professional services is: ME Signature of a manager, member or auth	DICINE
professions for which methods a manager member or authors. Signature of manager, member or authors.	orized
professional services is: ME Signature of manager, member or authorism. Signature of manager, member or authorism.	orized
Signature of manager, member or autiperson. Signature Name: NINON GERMAIN M.D.	OICINE TO FIZ O C STATE LIFE UNITY
Signature of a manager, member or autiperson. Signature Signature NINON GERMAIN M.D.	OICINE TO FIZ O C STATE LIFE UNITY
Signature of manager, member or autiperson. Signature Name NINON GERMAIN M.D.	OICINE TO FIZ O C STATE LIFE UNITY

IDAHO SECRETARY OF STATE

29/30/2010 05:00

CK: 521052 CT: 172099 BH: 1241268
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