

Signature_

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JAN 20 AM 9: 29

(Instructions on back of application)

1. The name of the limited liability company is:

SECRETARY	OF STATE
STATE OF	IDAHO

·	· UINIE OF IDATIO
M	lediScan, LLC.
The complete street and mailing addre	esses of the initial designated/principal office:
,	Dr., Idaho Falls, ID 83402
(Street Address)	21, 10010 1 010, 10 00 102
(0.0000,0000)	
(Mailing Address, if different than street address)	
The name and complete street addres	se of the registered agent:
The hame and complete direct address	or the regiotered agent.
Robert C Harding	2503 Harold Dr., Idaho Falls, ID 83402
	(Street Address)
` '	
The name and address of at least one company:	member or manager of the limited liability
Name	Address
Robert C Harding	2503 Harold Dr., Idaho Falls, ID 83402
	· · · · · · · · · · · · · · · · · · ·
•	
Mailing address for future corresponde	ence (annual report notices):
2503 Harold I	Dr., Idaho Falis, ID 83402
Future effective date of filing (optional)) :
· atalo oliosito aata oli iiii.g (optioliai,	/·
Inature of organizer(s). (An organizer is a m	ember, or is
ing in behalf of a member or members).	
	Secretary of State use only
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mature \ Talt Sandy	
ped Name: Robert C Harding	

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