

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Click here to clear form.

(Instructions on back of application)

11 AUG 23 AM 11:39

The name of the limited liability APHELION MEDICAL SOLUT	STATE OF INAHO
1111 N 9TH ST, BOISE, ID 82	addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street addre	ss)
3. The name and complete street a	address of the registered agent:
SCOTT LANEY	1111 N 9TH ST, BOISE, ID 83702
(Name)	(Street Address)
The name and address of at lea company:	st one member or manager of the limited liability
Name	<u>Address</u>
SCOTT LANEY	1111 N 9TH ST, BOISE, ID 83702
5. Mailing address for future corres	spondence (annual report notices):
1111 N 9TH ST, BOISE, ID 827	02
6. Future effective date of filing (or	otional):
Signature of a manager, member person.	or authorized
Signature ###	Secretary of State use only
Typed Name: SCOTT JANEY	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	08/23/2011 05:00

cert\_org\_lic Rev. 07/2010

CK: 2881 CT: 261815 BH: 1287636 1 @ 108.80 = 188.08 ORGAN LLC # 2

W106116