

251



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.

2016 JAN 20 PM 2:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
BF Dialysis 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:
490 Fall Drive, Boise, ID 83706

(Street Address)

(Mailing Address, if different)

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

Maurice J. Therrien

490 Fall Drive, Boise, ID 83706

(Name)

(Address)

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

Maurice J. Therrien

490 Fall Drive, Boise, ID 83706

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

490 Fall Drive, Boise, ID 83706

(Address)

Signature of organizer(s).

Printed Name: Maurice J. Therrien

Signature:

Printed Name: _____

Signature: _____

REV 05/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

01/20/2016 05:00

CK: PREPAID CT: 143938 BH: 1509607

IG 100.00 = 100.00 ORGAN LLC #2

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