

CERTIFICATE OF ORGANIZATION

FILED EFFE

	LIMITED LIABIL		SECRETARY OF STATE OF
T OF THE	(Instructions on ba	ck of application)	SECRETARY OF STATE STATE OF IDAHO
1. The r	name of the limited liability c	ompany is:	STATE OF IDAMATE
Com	nputer MD LLC		1410
	complete street and mailing a		signated office:
	3 E. Cleveland Blvd. Ste. #203, Ca	idwell, ID 83605	
	ng Address, if different than street address	•	
3. The r	name and complete street ad	idress of the registered ac	gent:
	nael D. Sherbert	1023 E. Cleveland Blvd. S	Ste. #203, Caldwell, ID 83605
(Nam	e)	(Street Address)	
4. The r	name and address of at least	one member or manager	r of the limited liability
	<u>Name</u>		
Mich	nael D. Sherbert	1023 E. Cleveland Blvd. S	Ste. #203, Caldwell, ID 83605
	ng address for future corresponding E. Cleveland Blvd. Ste. #203, Cal	` '	otices):
6. Futur	e effective date of filing (option	onal):	
Signature person.	e of a manager, member o	or authorized	
O:	Michael D. Shaba D		Secretary of State use only
	MANNIN SI SHEETE		
i yhen iga		<u> </u>	
	me: Michael D. Sherbert		TRAND SECRETARY OF STATE
Signature			IDAHO SECRETARY OF STATE @2/27/2013 @5:00 CK: CASH CT: 279902 BH: 1361978 1 0 100.00 = 100.00 ORGAN LLC # 2

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