

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JAN 29 AM 11: 49

(Instructions on back of application)

	(mstructions on back	CLUIC POLICE STATE
1.	The name of the limited liability co	· · · · · · · · · · · · · · · · · · ·
	Concura Health, LLC	VOID = NO STAND
2.	The complete street and mailing ac 1250 Ironwood Drive, Ste 201, Coeur d'A	ddresses of the initial designated office:
	(Street Address)	And the second s
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	·	
	Donald Chisholm	1250 Ironwood Drive, Ste 201, Coeur d'Alene, ID 83814
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	Donald Chisholm	1250 Ironwood Drive, Ste 201, Coeur d'Alene ID 83814
5.	Mailing address for future correspo c/o Steven O. Anderson, 720 W. Boone,	·
	*****	
6.	Future effective date of filing (optio	nal):
pers	nature of a manager, member of son.  nature  of Name: Steven O. Anderson, Authority	Secretary of State use only

IDAHO SECRETARY OF STATE

01/29/2014 05:00

CK: 55658 CT: 22865 BH: 1488197

1 0 100.00 = 100.00 ORGAN LLC 1 2

1 0 20.00 = 28.00 EXPEDITE C 1 3

cert\_org\_lic Rev. 07/2010 W/ 33683

Signature\_\_\_\_\_

Typed Name: \_\_\_\_\_