



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 FEB 22 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TJI, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

703 RIVER VIEW DRIVE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

JAMES RETMIER, M.D.

(Name)

703 RIVER VIEW DRIVE, TWIN FALLS, ID 83301

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

JAMES RETMIER, M.D.

703 RIVER VIEW DRIVE, TWIN FALLS, ID 83301

TAMI K. WALKER

703 RIVER VIEW DRIVE, TWIN FALLS, ID 83301

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

703 RIVER VIEW DRIVE, TWIN FALLS, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: JAMES RETMIER, M.D.

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/23/2011 05:00
CK: 62573 CT: 89379 BH: 1261104
1 @ 100.00 = 100.00 ORGAN LLC # 2

W100797