Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC -8 PM 2: 29

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability	company is:		State of Ida ho
lda	nho Neuroscience	Center, LLC	
2. The complete street and mailing	addresses of t	he initial desigi	nated/principal office:
98 Род	olar Street, Blackfo	ot, Idaho 83221	
(Street Address)			
(Mailing Address, if different than street addre	ess)		
3. The name and complete street	address of the r	egistered agen	t:
Louis Kraml	98	Poplar Street, Bla	ckfoot, Idaho 83221
(Name)	(Street Addre	ss)	
 The name and address of at lea company: Name 	st one member	or manager of	·
Louis Kraml	98	98 Poplar Street, Blackfoot, Idaho 83221	
			%
		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
Mailing address for future corres	•		ces):
98 Pop	lar Street, Blackfo	ot, Idaho 83221	
	.4: I\.		The state of the s
Future effective date of filing (or	otional):		
November of Statement of Statem			
Signature of organizer(s). (An organize acting in behalf of a member or members).	er is a member, or is	\$	
cang in bonan of a mornoof of members).		S	ecretary of State use only
Signature Mich Share		ULC formsteart_org_Bc.PMD 3 072008	
Typed Name:Nicholas L. Ta	ylor	E	
		900 800	IDANO SECRETARY OF ST
Signature		HICK 1 972	12/98/2008 05 CK: 114866 CT: 1177 PH:

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