CERTIFICATE	FILED SFPE	νn
LIMITED LIAL	BILITY COMPANY 2010 MAR - 3 PM 3= 05	
(Instructions of	n back of application)	
1. The name of the limited liabil		
	JP HEALTH LLC	
2. The complete street and mail	ing addresses of the initial designated/principal office:	•
	0 S LINDER RD MERIDIAN ID 83642	•
(Street Address)	SAME	
(Mailing Address, if different than street ad		
3. The name and complete stree	et address of the registered agent:	··· · ·
PEGGY WILSON	6220 S LINDER RD MERIDIAN ID 83642	
(Name)	(Street Address)	
 The name and address of at I company: 	east one member or manager of the limited liability	•
Name	Address	
PEGGY WILSON	6220 S LINDER RD MERIDIAN ID 83642	•
JAMES WILSON	6220 S LINDER RD MERIDIAN ID 83642	•
		-
		r.
· ·		
-	respondence (annual report notices): 0 S LINDER RD MERIDIAN ID 83642	
v anta		•
	 Future effective date of filing (optional):	
6. Future effective date of filing (• •
6. Future effective date of filing (Signature of organizer(s). (An organ cting in behalf of a member or member	s).	
Signature of organizer(s). (An organ cting in behalf of a member or member	s). Secretary of State use only	
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