CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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1.7			-1/4 [
	(Instructions on back of application)		SECHETARY OF STATE STATE OF IDAHO	
1.	The name of the limited liability company is:		STATE OF IDAHO	
	Valley True Health, LLC			
2.	The complete street and mailing addresses of the initial designated office: 519 E. Main, Burley, Idaho 83318 (Street Address)			
				(Mailing Address, if different than street address)
	3.	The name and complete street address of the registered agent:		
Jaron Simonson 519 E. Main, Burley, Idaho 83318		rley, Idaho 83318		
(Name)		(Street Address)		
4.	company:		nanager of the limited liability Address Rey, Idaho 83318	
	Jaron Simonson		519 E. Main, Burley, Idaho 83318	
		-		
5 .	Mailing address & C.	_		
	Mailing address for future correspondence (annual report notices): 519 E. Main, Burley, Idaho 83318			
6.	Future effective date of filing (option	onal):		
Sigr	nature of a manager, member o	r authorized		
			Secretary of State use only	
	ature 2755in	:		
Туре	ed Name: Jaron Simonson		1DAHO SECRETARY OF STATE 12/17/2014 05:00	
			CK:2433026 CT:172099 BH:14534	
_	ature Aurening Ac		16 100.00 = 100.00 ORGAN LLC	
Турє	ed Name: Heather Simonson		1@ 20.00 = 20.00 EXPEDITE C #	

9/21/2012

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