



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 JUL -1 AM 9:47
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DH Medical, LLC

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

6713 N. Moon Drummer Way, Meridian, ID 83646
(Street Address)

(Mailing Address, if different than street address)

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

Daughn Holke
(Name)

6713 N. Moon Drummer way, Meridian ID 83646
(Street Address)

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

Name	Address
<u>Justin Ross</u>	<u>409 E California Ave, OKC, OK 73104</u>
_____	_____
_____	_____
_____	_____

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

409 E. California Ave, Oklahoma City OK 73104

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Justin Ross

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/01/2013 05:00
CK: 1139 CT: 284805 BH: 1380397
1 @ 100.00 = 100.00 ORGAN LLC # 2

W126839