



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR 25 AM 8:51

1. The name of the limited liability company is:

All Care Health Solutions - PCS Division LLC

SECRETARY OF STATE
STATE OF IDAHO

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

815 S Bridgeway Place, Suite 122, Eagle Idaho, 83616

(Street Address)

(Mailing Address, if different than street address)

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

Mike Flowers

(Name)

4205 W Emerald, Boise Idaho, 83706

(Street Address)

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

Name

Address

Mike Flowers

2290 Toluka Way, Boise Idaho, 83712

Travis Krawl

4205 W Emerald, Boise Idaho, 83706

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

815 S. Bridgeway, Suite 122, Eagle Idaho, 83616

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Mike Flowers

Typed Name: Mike Flowers

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
04/25/2013 05:00
CK: 18658 CT: 232836 BH: 1371140
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