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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 SEP 28 AM 9:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ALLANTE MEDICAL NAMPA LLC

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

16211 N BRINSON ST, NAMPA ID 83687

(Street Address)

909 S ALLANTE PL, BOISE ID 83709

(Mailing Address, if different than street address)

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

CARRIE THOMAS

(Name)

909 S ALLANTE PL, BOISE ID 83709

(Street Address)

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

NameAddress

CARRIE THOMAS

16211 N BRINSON ST, NAMPA 83687

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

909 S ALLANTE PL, BOISE ID 83709

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: CARRIE THOMAS

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/28/2015 05:00

CK:3308 CT:311518 BH:1494109

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