



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

(Instructions on back of application)

RECEIVED
2012 MAY 31 AM 9:08
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Check Nurse LLC

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

535 Partridge Lane, Rexburg, Idaho 83440

(Street Address)

(Mailing Address, if different than street address)

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

Jeffrey T. Egbert

(Name)

535 Partridge Lane, Rexburg, Idaho 83440

(Street Address)

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

Name

Address

Jeffrey T. Egbert

535 Partridge Lane, Rexburg, Idaho 83440

Jacquelyn Davis

2479 East 300 North, St. Anthony, Idaho 83445

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

535 Partridge Lane, Rexburg, Idaho 83440

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jacquelyn Davis

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
05/31/2012 05:00
CK: 1940 CT: 22233 BH: 1326310
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