



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 OCT 25 AM 11:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is
Medical Billing Solution, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:
247 N BENE POSTO PLACE

(Street address)

BOISE, IDAHO 83712

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

STEVE CALVERLEY

247 N BENE POSTO PLACE, BOISE, ID 83712

(Name)

(If this is cannot be a post office box, a post office box)

4. The name and address of at least one governor of the limited liability company:

STEVE CALVERLEY

247 N BENE POSTO PLACE, BOISE, IDAHO 83712

(Name)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

(Address)

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

247 N BENE POSTO PLACE, BOISE, IDAHO, 83712

(Address)

Signature of organizer(s).

Signature: 

Printed Name: STEVE CALVERLEY

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/24/2017 05:00

CK:1015 CT:347447 BH:1608757
1@ 100.00 = 100.00 ORGAN LLC #2

IDAHO SECRETARY OF STATE

10/25/2017 05:00

CK:CASH CT:269943 BH:1608971
1@ 20.00 = 20.00 EXPEDITE C #2

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