



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL 16 PM 12:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Family Care Clinic, LLC

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

8050 W. Rifleman Suite 200 Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

Kellie Humpherys

(Name)

8050 W. Rifleman Suite 100, Boise ID 83704

(Street Address)

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

Name

Address

Kellie Humpherys

8050 W. Rifleman, Suite 100, Boise ID 83704

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

8050 W Rifleman, Suite 100 Boise ID 83704

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Kellie Humpherys

Typed Name: Kellie Humpherys

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/16/2013 05:00
CK: 1479237 CT: 172899 BH: 1382287
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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