

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 DEC 31 AM 8: 55

CONTRACTOR OF THE

1.	The name of the limited liability co	ompany is: OLUNCAMI OF DARC
2	Bruder Medical LLC.	
۷.	The complete street and mailing addresses of the initial designated office:  3712 E. Clement Rd.	
	(Street Address)	
	Boise, ID 83704	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Edward J. Aschenbrener	3712 E. Clement Rd. Boise, ID 83704
	(Name)	(Street Address)
	Name	one member or manager of the limited liability  Address
	Edward J. Aschenbrener	3712 E. Clement Rd. Boise, ID 83704
	David T. Aschenbrener	6177 Purple Sage Rd. Star ID, 83669
5.	Mailing address for future correspondence (annual report notices):	
	3712 E. Clement Rd. Boise, ID 83704	
6.	Future effective date of filing (option	nal):
	nature of a manager, member or on.	authorized
	pature Elm J. Amhn	Secretary of State use only
	ed Name: Elizab 7 Aclah	

IDAHO SECRETARY OF STATE 12/31/2013 05:00 CX: 272 CT: 291162 BH: 1483752 8 188.88 = 188.86 ORGAN LLC # 2 8 28.88 = 28.88 EXPEDITE C # 3

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Signature &

Typed Name: