

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2011 APR 14 PM 3:29

CE & D	(instructions on back of	r application)		SECHETAR'	Y UF STAT F IDAHO	£
1. T	he name of the limited liability comp	any is:		with the U	· water	
	PINPOINT MEDICA	AL BUSINESS	SERVICES,	LLC	. ·	
.2. T	he complete street and mailing addre	esses of the	initial desig	nated/princ	ipal office:	
	325 SUNTERRA	DR., IDAHO FA	LLS, ID 834	04	·	· ,
·	(Street Address)	•		:.		
,	(Mailing Address, if different than street address)					
3. T	The name and complete street address of the registered agent:					
	AARON R. TURNER	325 SUNTI	ERRA DR., I	DAHO FALLS	, ID 83404	
,	(Name)	(Street Address)			h;	43 mg
	he name and address of at least one ompany:	member or	manager o	of the limited	liability	S
	Name	Address			14	ė.
	CHAOS ENTERPRISES, INC.	325 SUNTI	ERRA DR., I	DAHO FALLS	, ID 83404	
	RADIOLOGY TECHNOLOGY, INC.	526 TAYLOR LN., CHUBBUCK, ID 83202				
,	HG2 ENTERPRISES, LLC	5610 TRUSCOTT DR., IDAHO FALLS, ID 83404				
	RUSSELL G. CALL	448 SUNTERRA DR., IDAHO FALLS, ID 83404				
						φ.
•	:			3		
c 1.		.m.s. (ammusal		inna).		
5. M	Mailing address for future correspondent 325 SUNTERRA	•	•	•	v_{2}	
			,			—
6. F	uture effective date of filing (optional):				
		•			3	No.
Signa	ature of organizer(s). (An organizer is a m	tember, or is				
acting	in behalf of a member or members).			Secretary of State	use only	
Signa	ature & B. Rom	QW-G				
-	d Name: AARON R. TURNER	B	ı L	÷.		
, , , , ,		NLC formstear, org. R. PMD	3		•	
Signa	ature		2220			

Typed Name: