



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 30 AM 8:58

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NW Medical L.C.

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

6037 N Moose Creek Way Meridian Idaho 83646

(Street Address)

(Mailing Address, if different than street address)

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

Troy Edwards

(Name)

6037 N Moose Creek Way Meridian Idaho 83646

(Street Address)

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

**Name**

**Address**

Troy Edwards

6037 N Moose Creek Way Meridian Idaho 83646

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

6037 N Moose Creek Way Meridian Idaho 83646

6. Future effective date of filing (optional):

January 2, 2012

Signature of a manager, member or authorized person.

Signature

*Troy Edwards*

Typed Name: Troy Edwards

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/30/2011 05:00  
CK: 3407 CT: 265460 BM: 1383651  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W109627