



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 ACT 11 AM 9:33
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fall River Medical Properties LLC

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

650 North 4212 East Rigby, ID 83442

(Street Address)

(Mailing Address, if different than street address)

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

Martin A. Mangan

(Name)

650 North 4212 East Rigby Idaho 83442

(Street Address)

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

<u>Name</u>	<u>Address</u>
Martin A. Mangan	650 North 4212 East Rigby Idaho 83442
Austin Gillette	5515 North 4000 West Rexburg Idaho 83440

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

650 North 4212 East Rigby Idaho 83442

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Martin A. Mangan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/11/2012 05:00
CK: 1165 CT: 269263 BH: 1343384
1 @ 100.00 = 100.00 DRGAN LLC # 2

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