



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 FEB 24 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

McGovern's Medical Services LLC

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

525 Gary Street Pocatello, Id 83201

(Street Address)

(Mailing Address, if different than street address)

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

Leslie McGovern

(Name)

525 Gary Street Pocatello, Id 83201

(Street Address)

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

Name

Address

Leslie McGovern

525 Gary St Pocatello, Id 83201

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

Leslie McGovern 525 Gary St Pocatello, Id 83201

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Leslie McGovern

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/24/2014 05:00
CK: 1109 CT: 293338 BH: 1411947
1 @ 100.00 = 100.00 ORGAN LLC # 2

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