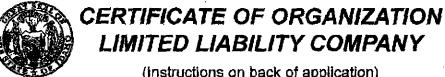
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FILED EFFECTIVE



E D	(instructions on	back of application	on) SECHETARY OF STATE STATE OF IDAHO
I. The nan	ne of the limited liabilit	ly company is:	· · · · · · · · · · · · · · · · · · ·
Great F	alls Medical Investments, L	rc	
2. The con	e complete street and mailing addresses of the initial designated office:		
121 N. 8	9th Street, Suite 402, Boise	, ID 83702	
(Street Ad	dress)		
(Mailing A	ddress, if different than street add	Jress)	
3. The nan	ne and complete street	t address of the re	gistered agent:
D&R Re	eal Estate, Inc.	121 N. 9th S	Street, Suite 402, Boise, ID 83702
(Name)		(Street Address	5}
4. The nan compan		east one member o	or manager of the limited liability
000 0	<u>Name</u>	404 14 04 0	Address
CON NO	eal Estate, Inc.	121 14. 9(1) 31	Street, Suite 402, Boise, ID 83702
	address for future corre 9th Street, Suite 402, Boise		ual report notices):
6. Future e	effective date of filing (optional):	
		<u> </u>	
Signature o person.	of a manager, memb	or authorized	
Signature 📈	bed NAM	&	Secretary of State use only
Typed Name	Dishard M. Indiana	Authorized Rep	
	Richard W. Jankowski,		IDAHO SECRETARY OF STAT
			11/19/2014 05:00
Signature	e:		
	Dishard M. January	Authorized Rep	

9/21/2012

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