



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JAN 23 AM 8:15  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Sage Medical Northwest LLC

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

13349 W. Dahlia Dr. Boise, ID 83713  
(Street Address)

(Mailing Address, if different than street address)

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

Leigh Ann Quinn  
(Name)

13349 W. Dahlia Dr. Boise, ID 83713  
(Street Address)

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

Leigh Ann Quinn  
Name

13349 W. Dahlia Dr.  
Boise, ID 83713  
Address

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

13349 W. Dahlia Dr. Boise, ID 83713

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Handwritten Signature]  
Typed Name: Leigh Ann Quinn

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/23/2009 05:00  
CK: 2941 CT: 203296 DN: 1153635  
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Revised 07/2008