



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JAN 18 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PPO, LLC

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

2034 Addison Avenue East, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Penelope L Parker

(Name)

2034 Addison Avenue East, Twin Falls, ID 83301

(Street Address)

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

Name

Address

H. Peter Doble, II

3399 Willow Way, Twin Falls, ID 83301

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

2034 Addison Avenue East, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: H. Peter Doble, II

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/18/2012 05:00
CK: 13205 CT: 130540 BH: 1306616
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