



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 SEP 21 PM 1:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medical Billing Managers, LLC

(Name must include "LLC" or "Limited Liability Company" or "Limited Liability Partnership" or "Limited Liability Partnership" or "Limited Liability Partnership")

2. The complete street and mailing addresses of the principal office is:

5893 S. Cello Place

(Street Address)

Boise, ID 83709

(Mailing Address, if different)

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

Patricia Casey

5893 S. Cello Place, Boise, ID 83709

4. The name and address of at least one governor of the limited liability company:

Patricia Casey

5893 S. Cello Place, Boise, ID 83709

(Name)

(Address)

Rebecca Mota

6166 56th St. Apt 2R, Maspeth, NY 11378

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5893 S. Cello Place, Boise, ID 83709

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: Patricia Casey

Signature: _____

Printed Name: Rebecca Mota

Secretary of State use only

IDAHO SECRETARY OF STATE

09/21/2016 05:00

CK:4222608 CT:172099 BH:1547338

1@ 100.00 = 100.00 ORGAN LLC #2

W172164