

Signature:___

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2017 DEC -7 PM 3: 45

SECRETARY OF STATE

 $10\ 20.00 = 20.00$ EXPEDITE C #3

W192542

| The name of the limited liability company is: A & J Medical Transport, LLC | | STATE OF IDAHO" |
|-----------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| | | • |
| (Remember to include the | words "Limited Liability Company," "Limited | Company," or the abbreviations L.L.C., LLC, or LC) |
| 2. The complete street and r | nailing addresses of the princi | ipal office is: |
| 510 South 6th St. Pinehu | - | |
| (Street Address) | | |
| PO Box 58 Kingston, ID 8 | 3839 | |
| (Mailing Address, if different) | | |
| 3. The name and complete s | treet address of the registere | d agent: |
| Judy Shafer | 510 South 6th St. Pinehurst, ID 83850 | |
| (Name) | (Address) | |
| | | |
| 4. The name and address of | at least one governor of the l | imited liability company: |
| Judy Shafer | PO Box 58 Kingston, ID 83839 | |
| (Name) | (Address) | |
| Arthur Shafer | PO Box 58 Kingston, ID 83839 | |
| (Name) | (Address) | |
| (Name) | (Address) | |
| (Name) | (Address) | |
| | (lander) | |
| 5. Mailing address for future | correspondence (annual rep | ort notices): |
| PO Box 58 Kingston, ID 8 | 33839 | |
| (Addrass) | | |
| | | |
| Signature of organizer(s). | | |
| Printed Name: Parri Brown | | Secretary of State use only |
| Printed Name: | · | |
| Signature. | | IDAHO SECRETARY OF STATE |
| Signature: XXV | | 12/07/2017 05:00 |
| Dainte d Manage | | CK:15660398 CT:172099 BH:1615271 |
| Printed Name: | | 10 100.00 = 100.00 ORGAN LLC #2 |