



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY -7 PM 12:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Advanced Illness Management, LLC

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

4273 E. Spearfish Dr. Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Cindy Dean

4273 E. Spearfish Dr., Meridian, ID 83646

(Name)

(Street Address)

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

Name

Address

Elizabeth Anne Dean

4273 E. Spearfish Dr., Meridian, ID 83646

Julia K DAVIS

118 Independence Dr., Evanston, WY 82930

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

4273 E. Spearfish Dr., Meridian, ID 83646C

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

Cindy Dean

Typed Name:

Cindy Dean

Signature

Julia K Davis

Typed Name:

Julia Davis

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/07/2010 05:00
CX: 1005 CT: 247789 DH: 1821333
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