

Signature___

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2009 JAN 15 AM 8: 39

(Instructions on back of application)

The name of the limited liability co	ompany is: BKHI Dialysis, LLC	SECRETARY OF STATE STATE OF IDAHO
	ddresses of the initia Prive, Suite 100, Meridian	• •
(Street Address)		
(Mailing Address, if different than street address) 3. The name and complete street address		ed agent:
Amit Sharma (Name)	3525 E. Louise Drive	e, Suite 100, Meridian, Idaho 83642
The name and address of at least company:	one member or man	ager of the limited liability
<u>Name</u> Amit Sharma		Address e, Suite 100, Meridian, Idaho 83642
5. Mailing address for future correspondence of the correspondence	ondence (annual repo	•
6. Future effective date of filing (option	onal):	
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	s a member, or is	
Signature Steve Weeks	Sert_org_lc.PMD	Secretary of State use only

