

251

FILED EFFECTIVE

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -7 AM 10: 50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MMUSA GF LLC

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

444 HOSPITAL WAY STE 607 POCATELLO ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

NIDA MANNAN

(Name)

444 HOSPITAL WAY STE 607 POCATELLO ID 83201

(Street Address)

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

NameAddress

NAEEM RAHIM

3660 SUMMIT DRIVE POCATELLO ID 83201

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

444 HOSPITAL WAY STE 607 POCATELLO ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: NAEEM RAHIM

Signature

Typed Name:

Secretary of State use only

W132912

IDAHO SECRETARY OF STATE  
01/07/2014 05:00  
CK: 1662916 CT: 172039 BH: 1404689  
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