

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 2019 OCT -9 AM 10: 14

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<b>*101</b>	(Instructions on back	SEUNCIARY OF STATE
. The	e name of the limited liability com	pany is: STATE OF IDAHO
В	oston Medical, LLC	<u> </u>
	-	resses of the initial designated office:
	38 Nez Perce Drive, Rexburg, Idaho 8344	40
	reet Address) O, Box ?, Rexburg, Idaho *3440	
(M	aling Address, if different than street address)	
. Th	The name and complete street address of the registered agent:	
D	avid Johnson	288 Nez Perce Drive, Rexburg, Idaho 83440
(N	ame)	(Street Address)
	The name and address of at least one member or manager of the limited liability company:	
_	Name	Address
<u>s</u>	pencer J. Fillmore	2410 South Sumner Lane, Greenacres, WA 99016
D	avid N. Johnson	288 Nez Perce, Rexburg, Idaho 63440
_	<del></del>	
	illian adda as for fallow	daman farancial and a fine to
	illing address for future correspond .O. Box 7, Rexburg, Idaho 83440	Jence (annual report notices):
6. Fu	ture effective date of filing (options	al):
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Signat person	ure of a manager, member or	authorized
erson	March	authorized Secretary of State use only
erson ignati	uro Caco W. Jeh	
erson Signati	March	
erson Signati Typed	Name: Devid M. Johnson	Secretary of State use only  IDAHO SECRETARY OF STATE
erson Signati Syped Signati	Name: Devid M Johnson	IDAHO SECRETARY OF STATE  10/09/2014 05:00
erson Signati Typed Signati	Name: Devid M. Johnson	Secretary of State use only  IDAHO SECRETARY OF STATE

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