

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAR 24 AM 9: 52

	(Instructions on b	ack of application)					
1.	The name of the limited liability	company is:					
	Idaho Independent MRI LLC						
2.	The complete street and mailing addresses of the initial designated office:						
	320 Main Ave North, Twin Falls Idaho 83301						
	(Street Address)						
	(Mailing Address, if different than street address)						
	(Mailing Address, if different than street address	/					
3.	The name and complete street a						
3.	The name and complete street a	address of the registered agent:					
3.	The name and complete street a						
3.	The name and complete street a	address of the registered agent:					
	The name and complete street a Penelope Parker (Name)	320 Main Ave North, Twin Falls, ID 83301 (Street Address)					
3. 4.	The name and complete street a Penelope Parker (Name) The name and address of at least	address of the registered agent: 320 Main Ave North, Twin Falls, ID 83301					
	The name and complete street a Penelope Parker (Name)	320 Main Ave North, Twin Falls, ID 83301 (Street Address)					

5.	Mailing address for future correspondence (annual report notices):
	320 Main Ave North Twin Falls, ID 83301

6.	Future effective da	ate of filing	(optional):			
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Signature of a manager, member or authorized person.

Signature T. Park

Typed Name: Penelope Parker

Signature_____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/24/2014 05:00

CK: 5827 CT: 184945 BH: 1416831

1 8 100.08 = 100.08 ORGAN LLC # 2

1 8 20.08 = 20.00 EXPEDITE C # 3

W135837