



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED-EFFECTIVE
2012 SEP 21 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medical Grade A LLC

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

399 Quincy St., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Robert Miller

(Name)

399 Quincy St., Twin Falls, ID 83301

(Street Address)

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

Name

Address

Robert Miller

399 Quincy St., Twin Falls, ID 83301

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

399 Quincy St., Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Robert Paul Miller

Typed Name: Robert Miller

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/21/2012 05:00
CK: 10004 CT: 142512 BH: 1340000
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