

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 OCT -7 PM 2:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Complete Health Solutions, LLC

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

541 North 3400 East, Lewisville, ID 83431

(Street Address)

P.O. Box 471, Rigby, ID 83442

(Mailing Address, if different than street address)

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

Holly Beck

541 North 3400 East, Lewisville, ID 83431

(Name)

(Street Address)

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

Name

Address

Cortney Beck

541 North 3400 East, Lewisville, ID 83431

Holly Beck

541 North 3400 East, Lewisville, ID 83431

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

P.O. Box 471, Rigby, ID 83442

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Secretary of State use only

Signature

Typed Name:

Cortney Beck

Signature

Typed Name:

Holly Beck

g:\com\forms\LLC\com\cert_09_18.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
10/07/2009 05:00
CK: 319902 CT: 172899 BH: 1198211
1 @ 100.00 = 100.00 ORGAN LLC # 2

FILED EFFECTIVE

W87473