

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG 20 AM 9: 05

| 47    | (Instructions on back   | • • •   |
|-------|---|---|
| 1.    | The name of the limited liability con                         | npany is: SECRETARY OF STATE STATE OF IDAHO   |
|       | Treasure Va   | illey Case Management, LLC                    |
| 2.    | 2315 E Amity Ave, Nampa, ID 83686                             | dresses of the initial designated office:     |
|       | (Street Address)  |   |
|       | (Mailing Address, if different than street address)           |   |
| 3.    | The name and complete street address of the registered agent: |   |
|       | Kathryn A. Shoemaker  | 2315 E Amity Ave Nampa, ID 83686              |
|       | (Name)  | (Street Address)                              |
| 4.    | company:  | ne member or manager of the limited liability |
|       | Name  | Address                                       |
|       | Kathryn Shoemaker, owner/director                             | 2315 E Amity Avenue, Nampa, ID 83686-7012     |
|       | Larry Barrett, director/accountant                            | 910 W Main Street, Ste. 352, Boise, ID 83702  |
|       |   |   |
|       |   |   |
|       |   |   |
|       |   |   |
|       |   |   |
| 5.    | Mailing address for future correspon                          | idence (annual report notices):               |
|       | 2315 E Amity Ave, Nampa, ID 83686                             |   |
| 6.    | Future effective date of filing (optional):                   |   |
|       | nature of a manager, member or                                | authorized                                    |
|       | nature AM AM  | Secretary of State use only                   |
| _     | ed Name: Kathryn A Shoemaker                                  |   |
| . 712 |   | IDAHO SECRETARY OF STATE 98/20/2012 95:06     |
| Sign  | nature  | CK: 1393 CT: 273468 BH: 133658                |
| _     | ed Name:  |   |

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