



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO
FEB 20 AM 9:18

(Instructions on back of application)

1. The name of the limited liability company is:

Mountain Falls Medical LLC

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

1995 E 17th Street Idaho Falls, ID 83404

(Street Address)

1034 E 800 N Shelley ID 83274

(Mailing Address, if different than street address)

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

Cauleen Stradling

(Name)

1034 E 800 N Shelley ID 83274

(Street Address)

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

Name

Address

Cauleen Stradling

1034 E 800 N Shelley ID 83274

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

1034 E 800 N Shelley ID 83274

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Cauleen Stradling*
Typed Name: Cauleen Stradling

Signature _____
Typed Name: _____

Secretary of State use only

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02/20/2014 05:00
CK: 384 CT: 293220 DH: 1411484
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