



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JUN -5 PM 4:36

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

DBSRX, LLC

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

215 N WHITLEY DRIVE SUITE 3 FRUITLAND ID USA 83619

(Street Address)

(Mailing Address, if different than street address)

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

Advanced Health Care Corporation

(Name)

215 N Whitley Dr., Ste. 3 Fruitland ID 83619

(Street Address)

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

**Name**

**Address**

Advanced Health Care Corporation

215 N Whitley Dr., Ste. 3 Fruitland ID 83619

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

215 N Whitley Dr., Ste. 3 Fruitland ID 83619

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Timothy W. Tyree, Organizer

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2015 05:00

CK:138098 CT:1177 BH:1478671

100.00 = 100.00 ORGAN LLC #2

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