



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 NOV -6 AM 9:37**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**Intelihealth, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**311 1st Avenue North, Ketchum, ID 83340**

(Street Address)

**PO Box 1781, Sun Valley, ID 83353**

(Mailing Address, if different)

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

**Joey Petelle**

(Name)

**311 1st Avenue North, Ketchum, ID 83340**

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

**Arleen Stafford**

(Name)

**461 Cane St, Apt 3, Larkspur, CA 94939**

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**PO Box 1781, Sun Valley, ID 83353**

(Address)

Signature of organizer(s).

Signature:

*Arleen Stafford*

Printed Name:

**Arleen STAFFORD**

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2017 05:00

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