



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 SEP 12 AM 9: 04

	(matraotions on pac	k or application)	
1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	Hea	Ith Services Group, LLC	Olivie
2.	The complete street and mailing addresses of the initial designated office:		
	555 East Parkcenter Blvd, Boise Idaho 83706		
	(Street Address)		
	P.O. Box 2870, Boise, Idaho 83701-990 (Malling Address, if different than street address)	3	
,	,		
3.	The name and complete street address of the registered agent:		
	Delta Dental Plan of Idaho, Inc.	555 East Parkcenter Blvd., Bols	se, Idaho 83706
	(Name)	(Street Address)	· · · · · · · · · · · · · · · · · · ·
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Addres	5 <u>5</u>
	Jean De Luca	555 East Parkcenter Blvd., Boi	se, Idaho 83706
	Greg Donaca	555 East Parkcenter Blvd., Boise, Idaho 83706	
5.	Mailing address for future correspondence (annual report national)		
J.	Mailing address for future correspondence (annual report notices):		
	P.O. Box 2870, Boise, Idaho 83701-9903		
R	Future effective date of filing (optio	nol):	
Ο.	r didie enective date of filling (optio	riai)	
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		Sec	retary of State use only
in.	nature 2	122	

IDAHO SECRETARY OF STATE

99/12/2012 05:00

CK: 55074 CT: 147513 BH: 1339423

1 0 180.00 = 100.00 ORGAN LLC # 2

1 0 20.00 = 20.00 EXPEDITE C # 3

cert_org_lic Rev. 07/2010

Typed Name: Gregory D. Donaca, CPA

Signature____

Typed Name:

WU7197