



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 21 PM 4:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Absolute Surgical LLC

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

3590 ambergina lane, Boise, Idaho 83703

(Street Address)

(Mailing Address, if different than street address)

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

William B Curtis

(Name)

3590 ambergina ln, Boise, Idaho 83703

(Street Address)

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

Name

Address

Kelley Hemerway

4090 w state st, Boise, Idaho 83703

William B Curtis

3590 ambergina ln, Boise, Idaho 83703

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

3590 ambergina lane, Boise, Idaho 83703

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature William B Curtis

Typed Name: William B Curtis

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2006

IDAHO SECRETARY OF STATE
06/21/2010 05:00
CK: 3130 CT: 247181 DN: 1227595
1 @ 100.00 = 100.00 ORGAN LLC #
1 @ 20.00 = 20.00 EXPEDITE C #

W94296