

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 APR 22 PM 4: 42

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

Clinical Te	schnology Products, LLC
The complete street and mailing add	resses of the initial designated/principal office:
15348 E. Sunset Shores Cir., Harrison, Ida	nho 83833
(Street Address)	
(Mailing Address, if different than street address)	
he name and complete street addre	ess of the registered agent:
Dana Drake	15348 E. Sunset Shores Cir., Herrison, Idaho 83833 (County of Kootenal)
(Name)	(Street Address)
The name and address of at least on company:	e member or manager of the limited liability
Name	Address
Dana Drake	15348 E. Sunset Shores Cir., Harrison, Idaho 83833
Holly Drake	15348 E. Sunset Shores Cir., Harrison, (daho 83833
ailing address for future correspond	dence (annual report notices):
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15348 E. Sunset Shores Cir., Harrison, Idal future effective date of filing (optional ature of a manager, member or a on. ature d Name: Cheyenne Moseley, Assistant	authorized Secretary of State use only

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