



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
08 APR 16 AM 8:16
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Crossroads Medical Billing, LLC

2. The street address of the initial registered office is:

211 Beacon Drive, Idaho Falls, Idaho

and the name of the initial registered agent at the above address is:

Shenae Huntsman

3. The mailing address for future correspondence is:

211 Beacon Drive, Idaho Falls, Idaho 83402

4. The limited liability company will be:

Manager-managed ☒ or Member-managed ☐ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Shenae Huntsman

211 Beacon Drive, Idaho Falls, Idaho

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Shenae Huntsman*

Typed Name: Shenae Huntsman

Capacity: Manager

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 05/2007

IDAHO SECRETARY OF STATE
04/16/2008 05:00
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