



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 26 PM 1:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Teton Medical Real Estate, LLC

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

2325 Coronado St., Idaho Falls, ID 83404

(Street Address)

PO Box 820135, Portland, OR 97282

(Mailing Address, if different than street address)

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

Jeff Sayer

(Name)

2325 Coronado St., Idaho Falls, ID 83404

(Street Address)

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

Name

Ben Wood

Address

PO Box 12269, Portland, OR 97212

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

PO Box 12269, Portland, OR 97212

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 _____

Typed Name: Ben Wood

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/26/2010 05:00
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