

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 OCT -9 PM 3: 57

SECRETARY OF STATE

| (mod dodons o | m back of application) | STATE OF IDAHO | |
|---|---------------------------------------|---|--|
| 1. The name of the limited liabi | ility company is: | | |
| Matrix Consulting LLC | - | | |
| 2. The complete street and mail 4035 S. Linder Rd Meridian, ID 8 | ling addresses of the initial designa | ted office: | |
| (Street Address) P.O. Box 1434 Meridian, ID 8368 (Mailing Address, if different than street a | | | |
| 3. The name and complete stre | et address of the registered agent: | | |
| Meghan Fulcher | 4035 S. Linder Rd Meridian, ID | 4035 S. Linder Rd Meridian, ID 83642 | |
| (Name) | (Street Address) | (Street Address) | |
| <u>Name</u> Meghan Fulcher | | Address 4035 S. Linder Rd Meridian, ID 83642 | |
| company: <u>Name</u> | Addres: | <u>\$</u> | |
| Maxwell Head | | | |
| waxwell nead | 2460 N. Bogus Basin Rd Boise, | 2460 N. Bogus Basin Rd Boise, ID 83702 | |
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| | respondence (annual report notices | s): | |
| P.O. Box 1434 Meridian, ID 8368 | J | | |
| 3. Future effective date of filing | (optional): | | |
| | | · | |
| Signature of a manager, memb | per or authorized | | |
| erson. | | | |
| ignature // Jeffen | Secre | etary of State use only | |
| yped Name: Neghan Fulcher | | | |
| Signature Medical Management | | IDAHO SECRETARY OF STATE 1/10/2013 05:00 | |
| yped Name: Maxwell Head | CK: C | ASH CT: 288407 BH: 1393428 | |
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