



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 MAR 21 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
**SJM Medical Solutions LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
**3554 S West Point Ave Boise, ID 83706**

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:  
**Sarah McIntyre 3554 S West Point Ave Boise, ID 83706**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:  
**Sarah McIntyre 3554 S West Point Ave Boise, ID 83706**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):  
**3554 S West Point Ave Boise, ID 83706**

(Address)

Signature of organizer(s).

Printed Name: **Sarah McIntyre**

Signature: 

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/21/2018 05:00

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