



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 31 AM 8:45

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CGS Medical Billing LLC

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

6787 River Rd, Clark Fork, ID 83811

(Street Address)

(Mailing Address, if different than street address)

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

Meta Kaestner

6787 River Rd., Clark Fork, ID 83811

(Name)

(Street Address)

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

Name

Address

Meta Kaestner

6787 River Rd., Clark Fork, ID 83811

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

6787 River Rd., Clark Fork, ID 83811

6. Future effective date of filing (optional): 01/01/2010

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Meta Kaestner

Typed Name: Meta Kaestner

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

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12/31/2009 05:00  
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