



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 APR 15 AM 9:32

FILED EFFECTIVE

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Malad Medical Supply L.L.C

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

1616 S. 4700 W. Malad City, Id 83252

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

Ryan Summers

3. The mailing address for future correspondence is:

1616 S. 4700 W. Malad City, ID 83252

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

Ryan Summers

1616 S. 4700 W. Malad City, Id 83252

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

Signature: [Signature]

Typed Name: Ryan Summers

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/15/2008 05:00
CK: 103203 CT: 172099 BH: 1110122
1 @ 100.00 = 100.00 ORGAN LLC # 2

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Revised 05/2007

Web Form

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