251

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUN -5 PM 4:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Empowered Patient Orthopaedics LLC

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

9863 W. Padmore Ct Star, ID 83669
(Street Address)

(Mailing Address, if different than street address)

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

Nichol Behrens (Name) Same as above (Street Address)

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

Name	Address
Nichol Behrens	Same as above

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

Same as above

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Nichol Behrens
Typed Name: Nichol Behrens

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/05/2014 05:00
CK:1952578 CT:172093 BH:1427933
1@ 100.00 = 100.00 ORGAN LLC #2

9/21/2012 cert_ord_llc Rev. 07/2010

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