



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 DEC 23 PM 2:03

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

sparkMD, LLC

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

1278 E Regatta St, Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

William Wardwell

(Name)

242 N. 8th Street, Suite 220, Boise ID 83702

(Street Address)

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

**Name**

**Address**

Dr. Julie Gunther

1278 E Regatta St, Boise, ID 83706

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

1278 E Regatta St, Boise, ID 83706

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*William Wardwell*

Typed Name: William Wardwell, Authorized Agent

Signature

Typed Name:

Secretary of State use only

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12/23/2013 05:00  
CK: 1542 CT: 247995 BH: 1402903  
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