## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAY 12 PM 2: 24

	(Instructions on back	of application)	SECRETARY OF STATE	
1.	The name of the limited liability company is:			
	BCM Ben	efit Case Management, I	TC	
2.	The complete street and mailing ad 1101 Grelle Ave., Lewiston, Idaho 83501 (Street Address)		designated/principal office:	
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
			k Street, Suite 1100, Boise, ID 83702	
	(Name) (Street Address)			
	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address.		
	Andrew Lawrence Lantz	1101 Grelle Ave., Lev	vision, Idano 83501	
5. 1	Mailing address for future correspon	ndence (annual repo	rt notices):	
5. 1	Vailing address for future correspond		rt notices):	
			rt notices):	
6. I	1101 Grella Ave., Lewiston, Idaho 83501  Future effective date of filing (option ature of a manager, member or	nal):		
6. I Sign pers	1101 Grella Ave., Lewiston, Idaho 83501  Future effective date of filing (option ature of a manager, member or	nal):	rt notices): Secretary of State use only	
6. I Sign perso Sign	1101 Grelle Ave., Lewiston, Idaho 83501  Future effective date of filing (option ature of a manager, member or on.	authorized	Secretary of State use only	
6. I Sign pers Sign Type	ature of a manager, member or on.  ature Cheyenne Messeley, Assistant	authorized		

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