| CERTIFICATE OF ORGANIZATION | 72812 MAY |
|---|------------------|
| CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY | DECKLAR STATE |

| ¥ | (Instructions or | BILITY COMPANY DESCRIPTION OF THE 23 STATE OF | | |
|------------------|--|---|--|--|
| | The name of the limited liabili | ity company is: | | |
| | | Sterling Clinics, LLC | | |
| 2. | The complete street and mailing 1317 W. River St., Suite B, Boise, (Street Address) | ng addresses of the initial designated office: ID 83702 | | |
| | (Mailing Address, if different than street ad- | dress) | | |
| 3. | The name and complete street address of the registered agent: | | | |
| | Zane R. Sterling | 1317 W. River St., Suite B, Boise, ID 83702 | | |
| | (Name) | (Street Address) | | |
| • | The name and address of at least one member or manager of the limited liability company: | | | |
| | Name Zone B. Stoding | Address 1017 M. Biyer St. Suite B. Beine ID 90700 | | |
| | Zane R. Sterling | 1317 W. River St., Suite B, Boise, ID 83702 | | |
| | Tamara Hazen Sterling | 1317 W. River St., Suite B, Bolse, ID 83702 | | |
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| | Mailing address for future com | espondence (annual report notices): | | |
| | • | espondence (annual report notices): | | |
| | Mailing address for future com | | | |
| | 1317 W. River St., Suite B, Boise, I | ID 83702 | | |
| | 1317 W. River St., Suite B, Boise, I | | | |
| | 1317 W. River St., Suite B, Boise, I | optional): | | |
| gı | 1317 W. River St., Suite B, Boise, I | optional):er or authorized | | |
| gı | Future effective date of filing (or nature of a manager, memberson. | optional): | | |
| gı gr | Future effective date of filing (or nature of a manager, memberson. | optional):er or authorized | | |
| gı gr | Future effective date of filing (or nature of a manager, memberson. | optional):er or authorized | | |
| gı gr p | Future effective date of filing (or nature of a manager, memberson. The property of the state o | optional): er or authorized Secretary of State use only | | |
| igi ers gr | Future effective date of filing (or nature of a manager, memberson. | optional): er or authorized Secretary of State use only IDAHO SECRETARY OF STATE | | |

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