To: 12083342080 From: 12143052508 Date: 03/23/17 Time: 12:48 PM Page: 02/03



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00.

The name of the limited liability company is:

Complete and submit the application in duplicate.

## FILED EFFECTIVE

2017 NAR 23 PM 2: 04

SECRETARY OF STATE STATE OF IDAHO

| Health Transformations LLC         |                                  |  |                         |            |              |
|------------------------------------|----------------------------------|--|-------------------------|------------|--------------|
| (Remember to include the words "Li | mited Liability Company," "Limit | ed Companyj, "or the abb   | reviations L.L.C.,      | LLC, or LC | )            |
| The complete street and mailing    | addresses of the prin            | ncipal office is:  |                         |            |              |
| 504 N Grant St                     |                                  | Moscow   |                         | ID         | 83843        |
| (Street Address)                   |                                  | (City)   | <u> </u>                | (State)    | (Zipcode)    |
| (Mailing Address, if different)    | <del></del>                      | (City)   |                         | (State)    | (Zipcode)    |
| The name and complete street a     | ddress of the register           | red agent:   |                         |            |              |
| GALINC CORPORATE SERVICES INC.     | 800 WEST MAIN ST                 | SUITE 1460   | BOISE                   | 10         | 83702        |
| (Name)                             | (Address)                        | <del></del>  | (City)                  | (Star      | e) (Zipcode  |
| The name and address of at leas    | st one governor of the           | limited liability c  | ompany:                 |            |              |
|                                    | 04 N Grant St                    | ·  | Moscow                  | ì          | D 83843      |
| (Name)                             | (Address)                        | <del></del>  | (City)                  | (Stat      | ··           |
| (Name)                             | (Address)                        | · · · · · · · · · · · · · · · · · · ·  | (City)                  | (Sta       | te) (Zipçode |
| (Name)                             |                                  | ·  |                         |            |              |
| (4400)                             | (Address)                        |  | (City)                  | (Sta       | te) (Zipcode |
| (Name)                             | (Address)                        |  | (City)                  | (Sta       | te) (Zipcode |
| Mailing address for future corresp | pondence (annual re              | port notices):   |                         |            |              |
| 800 WEST MAIN ST                   | SUITE 1460                       | BOISE  |                         | ID         | 83702        |
| (Address)                          |                                  | (Cit   | <b>y</b> )              | (State)    | (Zipçode)    |
| nature of organizer(s).            |                                  | <u></u>  |                         |            |              |
| ted Name: Nancy Luna               |                                  | Secretary of State use only  |                         |            |              |
| nature: Nancy Rung                 |                                  | IDAHO SECRETARY OF STATE  03/23/2017 05:00  CK:13090672 CT:172099 BH:1575304 |                         |            |              |
| ited Name:                         | <del></del>                      |  | 672 ET:17<br>JO = 100.0 |            |              |
| nature:                            |                                  |  | 101100                  | 157        | 2            |
| 7/2015                             |                                  | W180573  |                         |            |              |