



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 JUL 25 AM 8:58

(Instructions on back of application)

1. The name of the professional limited liability company is:

Caredem Healthcare Services PLLC

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

7710 E Marine DR

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Selwyn David Sanderson

(Name)

7710 E Marine DR Post Falls, ID 83854

(Street Address)

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

Name

Address

Selwyn David Sanderson

7710 E Marine DR Post Falls, ID 83854

Cassandra Ragan

7710 E Marine DR Post Falls, ID 83854

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

7710 E Marine DR Post Falls, ID 83854

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Cassandra Ragan, RN Nursing

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Selwyn D. Sanderson

Signature _____

Typed Name: Cassandra A. Ragan

Secretary of State use only

IDAHO SECRETARY OF STATE

07/25/2014 05:00

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1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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