



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 15 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Orthopaedic Trauma Services, LLC

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

4052 W Quail Hill Ct, Boise ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

David Hassinger

(Name)

4052 W Quail Hill Ct, Boise ID 83703

(Street Address)

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

Name

Address

David Hassinger

4052 W Quail Hill Ct, Boise ID 83703

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

4052 W Quail Hill Ct, Boise ID 83703

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: David Hassinger

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
08/15/2011 05:00
CK: 1121 CT: 195128 DH: 1206521
1 @ 100.00 = 100.00 ORGAN LLC # 2

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