

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 NOV 25 AM 10: 02

(instructions on	back of application)	0500	
1. The name of the limited liabilit	y company is:	SECRETARY OF STATE STATE OF IDAHO	
MMUSA HUNTSVILLE LLC	,,,	STATE OF IDAHO"	
The complete street and mailir 209 NW MAIN STREET, BLACKFO		al designated office:	
(Street Address) PO BOX 986, BLACKFOOT, ID 83 (Mailing Address, if different than street address)	3221 ress)		
3. The name and complete street	•	ed agent:	
JEFFREY D CLARK 209 NW MAIN ST, E		BLACKFOOT, ID 83221	
(Name)	(Street Address)		
The name and address of at le company:	ast one member or mar	nager of the limited liability	
Name NAFEM BALUM		Address	
NAEEM RAHIM	444 HOSPITAL WA	444 HOSPITAL WAY STE 607 POCATELLO ID 83201	
5. Mailing address for future corre		ort notices):	
PO BOX 986 BLACKFOOT, ID 832	<u>21</u>		
6. Future effective date of filing (o	ntional):		
o. I didic chockive date of filling (o	puonary.		
Signature of a manager, membe	r or authorized		
Signature July M	A T	Secretary of State use only	
yped Name: JEFRREY D OLARK			
Signature			
yped Name:		IDAHO SECRETARY OF STATE 11/25/2013 05:0	
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CK: 19823 CT: 86549 BH: 1399343 1 0 100.00 = 100.00 ORGAN LLC # 2

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