



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 25 AM 8:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Direct Orthopedic Care LLC

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

4052 W Quail Hill Ct, Boise Idaho 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 Idaho 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 Idaho 83703

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

4052 W Quail Hill Ct, Boise Idaho 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

W135930

IDAHO SECRETARY OF STATE
03/25/2014 05:00
CK: 1467 CT: 195128 BH: 1417046
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