



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 APR 11 AM 9:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medical Billing Professional Services LLC

(Name must include and occur in "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

1190 W Dakota Ave

City, State, Zip

Hayden ID 83835

(Adding multiple addresses)

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

Rachel D Scott

1190 W Dakota Ave Hayden ID 83835

(Name)

(City, State and zip; or full care address)

4. The name and address of at least one governor of the limited liability company:

Rachel D Scott

1190 W Dakota Ave Hayden ID 83835

(Name)

(City, State)

(Name)

(City, State)

(Name)

(City, State)

(Name)

(City, State)

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

1190 W Dakota Ave Hayden ID 83835

(City, State)

Signature of organizer(s)

Signature:

Printed Name: Rachel D Scott

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2016 05:00

CK:2569 CT:322988 BH:1522927

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