



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2018 MAR -7 PM 3:43**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**Idaho Falls Medical Investment Properties Manager LLC**

(Remember to include the words "Limited Liability Company", "Limited Company," or the abbreviations "LLC", "LCO", or "LC")

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

**121 N. 9th St. Ste 402, Boise, ID 83702**

(Street Address)

(Mailing Address, if different)

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

**Givens Pursley Corporate Services LLC 601 W. Bannock St., Boise, ID 83702**

(Name)

(Address)

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

**Medical Investment Properties LLC 121 N. 9th St. Ste 402, Boise, ID 83702**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**121 N. 9th St. Ste 402, Boise, ID 83702**

(Address)

Signature of organizer(s).

Printed Name: **Neal A. Koskella**

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/07/2018 05:00**

CK:35420 CT:1626 BH:1630986

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**W 197330**