

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2011 MAR 25 PH 3: 08

(Instructions on back of application)

|) <u>.</u> | established a | |
|------------|---------------|------|
| | STATE OF | Пано |

| 1. | The name of the limited liability of | company is: | |
|------|---|--|--|
| | Medi | lical Device Solutions LLC., | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 1518 East South Slope Emmett, Idaho 83617 | | |
| | (Street Address) | | |
| | (Mailing Address, if different than street address) |) | |
| 3. | The name and complete street address of the registered agent: | | |
| | Sam Lemmon | 1518 East South Slope Emmett, ID 83617 | |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | <u>Name</u> | <u>Address</u> | |
| | Sam Lemmon | 1518 East South Slope Emmett, ID 83617 | |
| | | | |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5. | Mailing address for future correspondence (annual report notices): | | |
| | 1518 East South Siope Emmett, ID 83617 | | |
| _ | Figure officialities data of films (anti- | | |
| Ö. | Future effective date of filing (option | onal). | |
| _ | nature of a manager, member o | or authorized | |
| per | son. | Secretary of State use only | |
| Sigi | nature Dom Lemman | | |
| Тур | ed Name: Sam Lemmon | | |
| ٠. | | IDAHO SECRETARY OF STATE | |
| | nature Sam Lemmon | 93/25/2011 05:00 | |
| тур | ed Name: Sam Lemmon | | |