



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 AUG 25 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CTR Complete Practice Management, LLC

(Remember to include the words "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:

415 Crestline Circle Dr

(Street Address)

Lewiston, ID 83501

(Mailing Address, if different)

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

Teresa Paluso

415 Crestline Circle Dr, Lewiston, ID 83501

(Name)

(Address cannot be a post office box or postal mail box.)

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

Teresa Paluso

415 Crestline Circle Dr, Lewiston, ID 83501

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

415 Crestline Circle Dr., Lewiston, ID 83501

(Address)

Signature of organizer(s).

Signature: Teresa Paluso

Printed Name: Teresa Paluso

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/25/2016 05:00

CK:5789 CT:328285 BH:1543479

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