

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

2011 SEP -7 PH 2: 16

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability	company is:
The name of the infined hability	House Calls, LLC
7 Spring Creek Drive, Horseshoe Ber	addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address	ess)
3. The name and complete street a	ddress of the registered agent:
Steven Fuller	7 Spring Creek Drive, Horseshoe Bend, ID 83629
(Name)	(Street Address)
company:	st one member or manager of the limited liability
Name	Address
Steven Fuller	7 Spring Creek Drive, Horseshoe Bend, ID 83629
5. Mailing address for future corres	spondence (annual report notices):
7 Spring Creek Drive, Horseshoe Ben	nd, ID 83629
6. Future effective date of filing (op	tional):
Signature of a manager, member person.	
Signature Win The	Secretary of State use only
	rized Person
Typed Name: Nicholas L. Taylor, Author	IZEU FEISUR
Signature	IDAHO SECRETARY OF STATE
Typed Name:	NA/N//SN11 NO:00