



# CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL -5 AM 9:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

HMS Cascade LLC

2. The complete street and mailing addresses of the initial designated/principal office:

Mark Harris

(Street Address)

749 W White Sands Dr. Meridian ID 83646

(Mailing Address, if different than street address)

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

Mark Harris

(Name)

749 W White Sands Dr. Meridian ID 83646

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Mark Harris

749 W White Sands Dr. Meridian ID 83646

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

749 W White Sands Dr. Meridian ID 83646

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Mark Harris

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/05/2011 05:00  
CK: 1909 CT: 260366 BH: 1281064  
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