

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 JAN 23 PM 3: 16

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The name of the limited liability</li> </ol>	y company is:
No	rthwest Medical Enterprises, LLC
. The complete street and mailin	g addresses of the initial designated/principal office:
	eights Drive, Boise, Idaho 83702-2836
(Street Address)	State St #422, Boise, Idaho 83702-3955
(Mailing Address, if different than street add	ress)
The name and complete street	address of the registered agent:
Christiane Lieber	525 Lawndale Drive, Meridian, Idaho 83846
(Name)	(Street Address)
The name and address of at leacompany:	ast one member or manager of the limited liability
William Bennett	2518 Heights Drive, Boise, Idaho 83702
Christiane Lieber	625 Lawndale Drive, Meridian, Idaho 83646
•	espondence (annual report notices):  N State St #422, Boise, Idaho 83702
Future effective date of filing (o	pptional):
gnature of organizer(s). (An organiz ing in behalf of a member or members)	).
gnature William Elen	Secretary of State use only
/ped Name: William E. Be	ennett  One of the secretary of State  One of the secretary of
gnature	1 2 C C C C C C C C C C C C C C C C C C
/ped Name:	IDAHO SECRETARY OF STATE 01/23/2009 05:00
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