## FILED EFFECTIVE

251



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 NOV -6	AM 10:	0
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<b>6</b>	(Instructions on back of application)		and the first	
			SECRETARY OF STATE OF IDAHO	
1. 7	The name of the limited liability c	ompany is:	STATE OF IDAHO"	
	L3M, LLC			
2. 7	The complete street and mailing a	addresses of the in	itial designated office:	
	1655 Glengary Bay Road, Sagle, ID 83	3860		
	(Street Address)	·		
	(Mailing Address, if different than street address	)		
3. 7	The name and complete street address of the registered agent:			
	Loel Fenwick, M.D.	1655 Glengary B	ay Road, Sagle, ID 83860	
	(Name)	(Streel Address)		
	Loel Fenwick, M.D., Member	1000 Glengary B	ay Road, Sagle, ID 83860	
		_		
5. N	Mailing address for future corresp	•	•	
	J. Todd Taylor, 601 W. Riverside Ave.,	Ste. 1500, Spokane, 1	WA 99201	
<u> </u>		D-		
6. F	Future effective date of filing (opti	onal):		
Qia-	ature of a manager, member	ar muthasisad		
oign bers	•	or authorized		
· • ·		$\Rightarrow$	Secretary of State use only	
Signa	ature			
Туре	ed Name: Todd Taylor, organizer/a	ttomey	IDAHO SECRETARY OF STATE	
	//		11/06/2014 05:00 CK:2343814 CT:172099 BH:14	
Signa	ature	_	16 100.00 = 100.00 ORGAN I	
-	od Name:		16 20.00 = 20.00 EXPEDITE	

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