

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JAN -9 AM 9: 04

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	1. The name of the limited liability company is:	
		Sterling Hospital, LLC
2.	The complete street and mailing at 5412 S. House Rock Circle (Street Address)	ddresses of the initial designated office:
	idaho Falls, ID 83406 (Malling Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Scott Brown (Name)	5412 S. Rock House Circle, Idaho Falls, ID 83406 (Street Address)
4.	The name and address of at least company:	one member or manager of the limited liability
	Name	Address
	Scott Brown, Manager	5412 S. Rock House Circle, Idaho Falls, ID 83408
5.	Mailing address for future correspo	ondence (annual report notices):
٠.	Scott Brown, Manager C/o 5412 S. Roci	
6.	Future effective date of filing (option	nal): To become effective immediately upon filing.
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		Secretary of State use only
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ıyr	ned Name: Scott Brown, Manager	
Sia	nature	
	ed Name:	

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IDAHO SECRETARY OF STATE
01/09/2012 05:00
CK: 27173 CT: 178134 RH: 1385101
1 0 100.00 = 100.00 ORGAN LLC # 2
1 0 20.00 = 20.00 EXPEDITE C # 3

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