



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 SEP 14 PM 4:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Intuizio Health, LLC

(By the filer to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

802 W Bannock St., Suite 900, Boise, Idaho 83702

(City, State, ZIP)

(Mailing address, if different)

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

David Arkoosh

802 W Bannock St., Suite 900, Boise, Idaho 83702

(Name)

(Address cannot be a post office box or postal delivery)

4. The name and address of at least one governor of the limited liability company:

Mark Flory

802 W Bannock St., Suite 900, Boise, Idaho 83702

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. Box 2817, Boise, Idaho 83701

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: Mark Flory

Signature: _____

Printed Name: _____

Secretary of State use only

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09/14/2016 05:00

CK:4205696 CT:172099 BH:1546324

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