

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JAN -9 AM 9:

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liabilit	ty company is:
		Sterling Healthcare, LLC
2.	The complete street and mailing addresses of the initial designated office: 5412 S. House Rock Circle	
	(Street Address) Idaho Falls, ID 83406	
	(Mailing Address, if different than street add	kess)
3.	The name and complete street address of the registered agent:	
	Scott Brown (Name)	5412 S. Rock House Circle, Idaho Falls, ID 83406
	(rame)	(Street Address)
4.	The name and address of at le company:	ast one member or manager of the limited liability
	<u>Name</u>	Address
	Scott Brown, Manager	5412 S. Rock House Circle, Idaho Falls, ID 83406
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5.		espondence (annual report notices):
	Scott Brown, Manager C/o 5412 S.	Rock House Circle, Idaho Falls, ID 83406
6.	Future effective date of filing (o	ptional): To become effective immediately upon filing.
Sign	nature of a manager, membe son.	er or authorized
	- HA	Secretary of State use only
_	saure Soft	
Тур	ed Name: Scott Brown, Manager	
	•	
_	nature	
Тур	ed Name:	
	-	

CONT. SIZE BY: Play (1750)

IDAHO SECRETARY OF STATE

01/09/2012 05:00

CK: 27174 CT: 178134 BH: 1365899
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 28.00 = 20.00 EXPEDITE C # 3

W109777