



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL -6 AM 8:57

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Skyline Healthcare Documentation, LLC

2. The complete street and mailing addresses of the initial designated office:

2114 Rendezvous Road, Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

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

Chris Hayes

(Name)

890 Oxford Drive, Idaho Falls, Idaho 83401

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

RobbiAnn Baxter

2114 Rendezvous Road, Idaho Falls, Idaho 83402

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

c/o Hayes Management Services, 890 Oxford Dr., Idaho Falls, ID  
83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

RobbiAnn Baxter

Typed Name: RobbiAnn Baxter

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/06/2012 05:00  
CK: 7820 CT: 104250 BH: 1331031  
1 @ 100.00 = 100.00 ORGAN LLC # 2