## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate. 2018 JUL 27 PM 2: 01

SECRETARY OF STATE STATE OF IDAHO

(Remember to include the	words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC)
he complete street and mai	ling addresses of the principal office is:
444 HOSPITAL WAY, SU	ITE 607, POCATELLO, ID 83201
Street Address)	
Mailing Address, if different)	
The name and complete stre	et address of the registered agent:
DANIEL PACKARD	934 S 2275 W Rexburg ID 83440
1	
he name and address of at	(Address)  least one governor of the limited liability company:  275 S 5TH AVE, STE 151, POCATELLO, ID 83201
The name and address of at JOEL PHILLIPS	least one governor of the limited liability company:
The name and address of at JOEL PHILLIPS Name)	least one governor of the limited liability company: 275 S 5TH AVE, STE 151, POCATELLO, ID 83201
(Name) The name and address of at JOEL PHILLIPS (Name) (Name)	least one governor of the limited liability company:  275 S 5TH AVE, STE 151, POCATELLO, ID 83201  (Address)
The name and address of at JOEL PHILLIPS (Name)	least one governor of the limited liability company:  275 S 5TH AVE, STE 151, POCATELLO, ID 83201  (Address)  (Address)
The name and address of at JOEL PHILLIPS (Name) (Name)	least one governor of the limited liability company:  275 S 5TH AVE, STE 151, POCATELLO, ID 83201  (Address)  (Address)
The name and address of at JOEL PHILLIPS (Name) (Name)	least one governor of the limited liability company:  275 S 5TH AVE, STE 151, POCATELLO, ID 83201  (Address)  (Address)

Signature of organizer(s).

Printed Name: JOEL PHILLIPS

Signature:

Printed Name:

Signature:

Rev. 01/2018

## Secretary of State use only

IDAHO SECRETARY OF STATE 07/27/2018 05:00

CK:19744630 CT:172099 BH:1655842 1@ 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3