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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 23 PM 2:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Transformational Healthcare LLC

(Remember 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:

6550 W Emerald St., Suite 112, Boise, ID 83704

(Street Address)

(Mailing Address, if different)

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

Joan (Joni) Ball

6550 W Emerald St., Suite 112, Boise, ID 83704

(Name)

(Address cannot be a post office box or postal mail box.)

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

Joan Ball

6550 W. Emerald St., Suite 112, Boise, ID 83704

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

6550 W Emerald St., Suite 112, Boise, ID 83704

(Address)

Signature of organizer(s).

Signature: Joan Ball (Joni Ball)

Printed Name: Joan Ball

Signature: _____

Printed Name: _____

Secretary of State use only

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09/23/2016 05:00

CK: 4229622 CT: 172099 BH: 1547742
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