

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 09 MAR 16 AM 10: 47

(Instructions on back of application)

. The name of the limited lial	ility company	/ is:	STA

SECRETARY OF STATE

۱.	The name of the limited liability compa	ny is: STATE OF IDAHO		
	New Hori	izons Medical LLC		
2.	The complete street address, and mailing principal office:	ng address if different, of the initial designated/		
	675 White Pine Lan	ne, Idaho Falis, Idaho 83404		
	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent: National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada			
	The name and address of at least one member or manager of the limited liability			
	company: Name Address			
	Cyril Robert Holden, III	675 White Pine Lane, Idaho Falls, Idaho 83404		
		··· .		
	Mailing address for future correspondence (annual report notices): c/o: 675 White Pine Lane, Idaho Falls, Idaho 83404			
	CO. 673 Write Fine L	ane, idano rans, idano 65404		
•	Future effective date of filing (optional):			
İS	nature of an organizer(s). (An organizer is a sacting in behalf of a required, and existing, initia			
n	nembers).	2 L/ 82313		
	unoturo /	_ 3		

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature_

Typed Name: