



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

2017 DEC 13 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Infusion Scientific LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or Ltd.)

2. The complete street and mailing addresses of the principal office is:

5877 N Teekem Falls Way, Meridian, ID 83646

(Street/Address)

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

David Austin

5877 N Teekem Falls Way, Meridian, Id 83646

(Name)

(Address cannot be a post office box or a utility mailbox.)

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

David Austin

5877 N Teekem Falls Way, Meridian, ID 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5877 N Teekem Falls Ways, Meridian, ID 83646

(Address)

Signature of organizer(s)

Signature: _____

Printed Name: David S Austin

Signature: _____

Printed Name: _____

Secretary of State use only

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12/13/2017 05:00

CK:1301 CT:349662 BH:1616098

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