

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 NOV 17 AM 8: 29

(Instructions on back of application)

SECRETARY OF STATE

Cardiac Perspectives, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 3450 Plantation River Dr. Boise, ID 83703 (Street Address) PO Box 140095, Boise, Id 83714 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: James Michael Boyd 3450 Plantation River Dr. Boise, ID 83703 (Street Address)	
3450 Plantation River Dr. Boise, ID 83703 (Street Address) PO Box 140095, Boise, Id 83714 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: James Michael Boyd 3450 Plantation River Dr. Boise, ID 83703	
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(Name) (Street Address)	, 3
$X = \{ x \in X \mid x \in X \mid x \in X \}$, where $x \in X \in X \setminus X = X \in X \}$	
4. The name and address of at least one member or manager of the limited liability company:	Section 1
Name Address	•
James Michael Boyd 3450 Plantation River Dr. Boise, ID 83703	- 2
	
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and the second of the second o	40 000
5. Mailing address for future correspondence (annual report notices): PO Box 140095, Boise, ld 83714	or or profit
	7 - 7
6. Future effective date of filing (optional):	<u> / </u>
	-
Signature of organizer(s). (An organizer is a member, or is	i.
acting in behalf of a member or members). Secretary of State use only	``;`
Signature Rich Ball	
Typed Names Michael Boyd	· ·
1, 100 110 100 100 100 100 100 100 100 1	
Signature	OF STATE
Typed Name: 11/17/2009 CK: 4483 CT: 17/2368	40 : 4

CK: 4483 CT: 172368 BH: 1195791 1 @ 180.68 = 180.88 ORGAN LLC # 2 ×

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