

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUN -5 AM 8-31

(Instructions on back of application)

| 1. The name of | of the limited liability cor | mpany is: | SECRETARY OF STATE STATE OF IDAHO |
|---|--|--|--|
| Clinical Res | search Consultants, LLC | | |
| 2. The complete street and mailing addresses of the initial designated office: | | | fice: |
| | 1217 S Hervey St / Boise ID 83705 | | |
| (Street Address | s) | | |
| | ss, if different than street address) | | |
| 3. The name a | and complete street add | ress of the registered agent: | |
| Patricia L H | lamil | 1217 S Hervey Street / Boise ID 83705 | ; |
| (Name) | | (Street Address) | |
| 4. The name a company: | and address of at least o | one member or manager of the limit | ted liability |
| Patricia L H | amil | 1217 S Hervey St / Boise ID 83705 | |
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| | hadron and the state of the sta | | |
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| 5. Mailing address for future correspondence (annual report notices): | | | |
| 1217 S Hen | vey St / Boise ID 83705 | | |
| | | | |
| 6. Future effect | ctive date of filing (optior | nal): | |
| | | | |
| Signature of a | a manager, member or | authorized | |
| person. |) $1/1$ $1/2$ | Secretary of S | State use only |
| Signature Jall | rivate Van last | Ahm | |
| Typed Name: | Patricia L Hamil | - The state of the | |
| Typod Hamo. | | | ECRETARY OF STATE |
| Signature | | | 5 /2015 |
| Signature CK:1059407849 CT:247236 BH:147 Typed Name: 10 100.00 = 100.00 ORGAN LLC | | | |
| - Jpca Hamo. | | | |

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