



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 20 AM 8:37

FILED EFFECTIVE

1. The name of the limited liability company is:

Palouse Midwifery, LLC.

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:

1200 Cornwall Rd

(Street Address)

Troy, ID 83871

(Mailing Address, if different than street address)

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

Susan K. Struble, LM, CPM 1200 Cornwall Rd, Troy, ID 83871

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Susan K. Struble, LM, CPM 1200 Cornwall Rd, Troy, ID 83871

Wesley H. Struble, Jr. 1200 Cornwall Rd, Troy, ID 83871

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

same as above

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Susan K. Struble, LM, CPM

Typed Name: Susan K. Struble, LM, CPM

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2013 05:00
CK: 3889 CT: 286634 BH: 1386799
1 @ 100.00 = 100.00 ORGAN LLC # 2

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