



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JAN 17 AM 8:56

1. The name of the limited liability company is:

Saxton Medical Supply LLC

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

269 N 3rd E. Soda Springs, ID 83276

(Street Address)

(Mailing Address, if different than street address)

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

Tiffany Unsworth

(Name)

269 N 3rd E

(Street Address)

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

Name

Address

Tiffany Unsworth

269 N. 3rd E. Soda Springs, ID 83276

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

269 N 3rd E Soda Springs, ID 83276

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Tiffany Unsworth

Signature

Typed Name:

Secretary of State use only

W133301

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01/17/2014 05:00
CK: 69573 CT: 291890 BH: 1406560
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