



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

AUG 18 AM 8:27

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

RIT Clinics, LLC

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

2950 Trevor St

(Street Address)

Pocatello, Idaho 83201

(Mailing Address, if different than street address)

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

Jason D. West

(Name)

2950 Trevor St

(Street Address)

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

Name

Address

Jason D. West

2950 Trevor St

Pocatello, Idaho 83201

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

Dr Jason D. West 2950 Trevor Street, Pocatello Idaho 83201

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Jason D. West*
Typed Name: Jason D. West

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/18/2008 05:00
CK: 1279 CT: 228869 BH: 1131912
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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