



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 DEC -6 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Surefire Medical Billing Solutions, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

345 W. 20th St.

(Street Address)

Idaho Falls, ID 83402

(Mailing Address, if different)

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

Carol A. Huffard 345 W. 20th St.

(Name)

(Address **cannot** be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Carol A. Huffard 345 W.20th St.

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

34 W. 20th St. Idaho Falls, ID 8340

(Address)

Signature of organizer(s).

Signature:

Carol A. Huffard

Printed Name: Carol A. Huffard

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/06/2017 05:00

CK:14128371 CT:349326 BH:1614970

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