



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

1. The name of the limited liability company is:

Venture Medical LLC

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

4090 W. State St. Ste. 7 Boise, ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Justin Grimm

(Name)

4090 W. State St. Ste. 7

(Street Address)

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

Name	Address
<u>Justin Grimm</u>	<u>4090 W. State St. Ste. 7</u>
<u>Bill Curtis</u>	<u>" "</u>
<u>Kelley Hemerway</u>	<u>" "</u>
<u>Jake Barron</u>	<u>" "</u>
<u> </u>	<u>" "</u>

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

4090 W. State St. Ste. 7 Boise, ID 83703

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Justin Grimm

Signature

Typed Name:

Secretary of State use only

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03/28/2013 05:00
CK: 1282 CT: 256845 BH: 1366835
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