



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 SEP 13 AM 8:55

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Medicare Solutions LLC

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

393 E. Rockingham Dr. Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Mordecai Yosef Katz

(Name)

393 E. Rockingham Dr. Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Mordecai Yosef Katz

393 E. Rockingham Dr. Eagle, ID 83616

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

393 E. Rockingham Dr. Eagle ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Mordecai Yosef Katz*

Typed Name: Mordecai Yosef Katz

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/13/2013 05:00  
CK: 1066 CT: 203314 BH: 1309903  
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