

SECRETARY OF STATE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 MAR 26 AM 8:30

(Instructions on back of application)

1. The name of the limited liability company is:

Samoska Health Solutions LLC

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

307 N. Lincoln Street Su. A Post Falls, Idaho 83854

(Street Address)

1869 E. Seltice Way #230 Post Falls, Idaho 83854

(Mailing Address, if different than street address)

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

Tyson Frantz

(Name)

307 N. Lincoln Street Su. A Post Falls, Idaho 83854

(Street Address)

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

Name

Address

Richard Samoska

1869 E. Seltice Way #230 Post Falls, Idaho 83854

Jennifer Samoska

1869 E. Seltice Way #230 Post Falls, Idaho 83854

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

1869 E. Seltice Way #230 Post Falls, Idaho 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Richard Samoska

Typed Name: Richard Samoska

Signature Jennifer Samoska

Typed Name: Jennifer Samoska

Secretary of State use only

IDAHO SECRETARY OF STATE

03/26/2015 05:00

CK:1218 CT:140116 BH:1468060

1@ 100.00 = 100.00 ORGAN LLC #2

W149625