



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

2018 JAN 12 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Clover Creek Medical 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:
175 North Main Street

(Street Address)

P.O. Box 208

(Mailing Address, if different)

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

Brittany Strong

175 North Main Street Bloomington Idaho 83223

(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:

Brittany Strong

175 North Main Street Bloomington Idaho 83223

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. Box 208 Bloomington Idaho 83223

(Address)

Signature of organizer(s).

Signature: 

Printed Name: Brittany Strong

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/12/2018 05:00

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