



# 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**

**2016 AUG 11 PM 1:58**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Aspire Medical Billing Services, 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:

140 W. Anton St. Meridian ID 83646

(Street Address)

PO Box 44543 Boise, ID 83711

(Mailing Address, if different)

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

Amy Romo

140 W. Anton St. Meridian, ID 83646

(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:

Amy Romo

PO Box 44543 Boise, ID 83711

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 44543 Boise, ID 83711

(Address)

Signature of organizer(s).

Signature: Amy Romo

Printed Name: Amy Romo

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/11/2016 05:00**

CK: CASH CT: 327782 BH: 1541555

1@ 100.00 = 100.00 ORGAN LLC #2

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