

Signature: Rev. 01/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

2018 FEB 20 AM 11: 23 SECRETARY OF STATE

1.	The name of the limited liability company is:
	OCDENIMEDICAL LLC

The name of the Busided Balaitte.		STATE OF IDAHO	
The name of the limited liability	company is:	·OAIIO	
OGDEN MEDICAL LLC			
(Remember to include the word	ds "Limited Liability Company," "L	imited Company, "or the abbreviations L.L.C., LLC, or LC)	
The complete street and mailing	addresses of the princi	nal office is:	
1067 WEST 125 SOUTH BL			
(Street Address)			
(Mailing Address, if different)			
The name and complete street a	address of the registered	d agent:	
MIRANDA OGDEN	1067 WEST	125 SOUTH BLACKFOOT, ID 83221	
(Name)	(Address)		
_,			
The name and address of at leas	_		
MIRANDA OGDEN 1067 WE		125 SOUTH BLACKFOOT, ID 83221	
(Name)	(Address)		
(Name)	(Address)		
Name)	(Address)		
	(Fadress)		
(Name)			
(Marine)	(Address)		
Mailing address for future corres	nondence (annual reno	rt notices).	
	portaonos (armadi ropo	it noticely.	
(Address)			
ture of organizer(s).			
ed Name: MIRANDA OGDEN		Secretary of State use only	
u Name.		IDAHO SECRETARY OF STATE	
Tura: M. T. I Oak	2-17-18	02/20/2018 05:00	
ture: Miranda Ogil	0.14-10	CK:2136 CT:353085 BH:1627749	
√ ! N.a		16 100.00 = 100.00 ORGAN LLC #2	
ed Name:	<u></u>		
,		1	

M19-1241