

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 OCT 25 PH 2: 10

TE TO	(Instructions on ba	ack of application)	SECKLIARY OF STATE
1. The	e name of the limited liability	company is:	STATE OF IDAHO
		Sage Medical Supply,LLC	
2. The	The complete street and mailing addresses of the initial designated/principal office:		
	372 South Eagle Rd #142 Eagle, ID 83616		
(St	reet Address)		
(Ma	ailing Address, if different than street addres	s)	
3. The	The name and complete street address of the registered agent:		
Th	nomas Drain	2286 Halsey Eagle, ID 8	3616
(N	ame)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
Th	<u>Name</u> Iomas Drain		Address
	ionas Diam	2286 Halsey Eagle, ID 8	
5. Mai	Mailing address for future correspondence (annual report notices):		
37	2 S Eagle Rd #142 Eagle, ID 83616	3	
6. Fut	ure effective date of filing (opt	tional):	angeren gen en statuten en e
Signatu person.	ure of a manager, member	or authorized	
.	£11/		Secretary of State use only
Signatu			
l yped I	Name: Thomas E Drain (
Signatu	ero.		IDAHO SECRETARY OF STATE 10/25/2011 05:00
	le		CK: 2035 CT: 258671 BH: 1295587 1 @ 180.89 = 180.80 ORGAN LLC #
i yheu i	Name:		Angenn Atthint PPA H

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