



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

2017 DEC 18 AM 10:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Med-A-Systems 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:

5062 Brylee Way Iona ID 83427

(Street Address)

(Mailing Address, if different)

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

Sarah Holverson

5062 Brylee Way Iona ID 83427

(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:

Sarah Holverson

5062 Brylee Way Iona ID 83427

(Name)

(Address)

Daron Humphries

6596 N 25 E IF ID 83401

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 591 Iona ID 8427

(Address)

Signature of organizer(s).

Signature: *Sarah Holverson*

Printed Name: **Sarah Holverson**

Signature: *Daron Humphries*

Printed Name: **Daron Humphries**

Secretary of State use only

IDAHO SECRETARY OF STATE

12/18/2017 05:00

CK:11762 CT:349900 BH:1616953
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