



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12/09/2012 05:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Cochran Healthcare Consulting LLC

2. The complete street and mailing addresses of the initial designated office:

1989 Anita Place, Pocatello Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

Dan Cochran

(Name)

1989 Anita Place, Pocatello ID 83201

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Dan Cochran

1989 Anita Place, Pocatello, ID 83201

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

1989 Anita Place, Pocatello ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Valerie A. Kraml, Attorney for Cochran

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/09/2012 05:00

CK: 263 CT: 259321 BH: 1385187

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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