

Typed Name: _____

CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY -8 PM 3:43

SECRETARY OF STATE

1.	The name of the limited liability com	npany is:	STATE OF IDAHO
Med Development, LLC			
2.	The complete street and mailing addresses of the initial designated office: 121 N. 9th Street, Suite 402, Boise, Idaho 83702		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	David S. McDonald	121 N. 9th Street,	Suite 402, Boise, Idaho 83702
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or ma	anager of the limited liability
	Name	Address	
	David S. McDonald	P.O. Box 9330, Ketchum, ID 83340	
5.	Mailing address for future correspondence (annual report notices):		
	P.O. Box 9330, Ketchum, ID 83340		
6.	Future effective date of filing (optional):		
-	nature of a manager, member or	authorized	
per	son.		Secretary of State use only
_	nature (10) IV		
Тур	ped Name: David S. McDonald		IDAHO SECRETARY OF STATE
Sig	nature		05/06/2012 05:00 CK: 5592 CT: 185731 BH: 1323350 1 8 188.88 = 188.88 ORGAN LLC # 2

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