



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 FEB 24 AM 10:17

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Medicaid Consulting L.L.C.

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

4506 Bardwell Drive, Coeur d'Alene, Idaho 83815

(Street Address)

(Mailing Address, if different than street address)

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

Timothy G. Gerlitz

(Name)

4506 Bardwell Drive, Coeur d'Alene, Idaho 83815

(Street Address)

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

NameAddress

Timothy G. Gerlitz

4506 Bardwell Drive, Coeur d'Alene, Idaho 83815

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

4506 Bardwell Drive, Coeur d'Alene, Idaho 83815

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Timothy G. Gerlitz

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

 IDAHO SECRETARY OF STATE  
02/24/2014 05:00  
CK: 1164 CT: 99786 DH: 1411833  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W134693