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## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 NOV -9 PM 2:53

	(Instructions on back of	ут аррисаціоп)	STATE OF IDAHO
1. T	he name of the limited liability comp	pany is:	
	Catherine M. Stewart, Medical Transcriptionist, LLC		
	he complete street and mailing add	resses of the initial d	esignated/principal office:
	(Street Address) P.O. Box 1194, Hayden, Idaho 83835 (Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Catherine M. Stewart	25818 Classic Drive, Athol, Idaho 83801 (Street Address)	
	he name and address of at least on ompany: <u>Name</u> Catherine M. Stewart	e member or manag	Address
5. I	Mailing address for future correspon P.O. Box 1194, Hayden, Idaho 83835	dence (annual repor	t notices):
6. 1	Future effective date of filing (option	al):	
pers	nature of a manager, member or on.  nature	authorized	Secretary of State use only
_	natureed Name:	cert_org_lic Rev. 07/2010	IDAHO SECRETARY OF STATE  11/09/2011 05:00  CK: 828580 CT: 172899 BH: 1297546  1 8 180.08 = 180.80 GRGAN LLC # 2  1 8 28.98 = 28.88 EXPEDITE C # 3