

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG 20 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MEDMANAGE BILLING SOLUTIONS, LLC

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

4172 E 550 N, RIGBY, ID 83442

(Street Address)

(Mailing Address, if different than street address)

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

DARLA R. COFFEY

(Name)

4172 E 550 N, RIGBY, ID 83442

(Street Address)

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

Name**Address**

DAVID W. COFFEY

4172 E 550 N, RIGBY, ID 83442

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

4172 E 550 N, RIGBY, ID 83442

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: DARLA R. COFFEY

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 08/20/2010 05:00
 CK: NO CK # CT: 249974 BH: 1235593
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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