



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED
2012 NOV 23 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ProCare Medical Supplies L.L.C.

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

3500 Stonehaven Dr. Ammon, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Chris Horkley

(Name)

159 W. 1st. 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

Valerie Johnson

3500 Stonehaven Dr. Ammon, ID 83406

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

3500 Stonehaven Dr. Idaho Falls, ID 83406

6. Future effective date of filing (optional): January 1, 2013

Signature of a manager, member or authorized person.

Signature

Typed Name: Chris Horkley

Signature

Typed Name: Valerie Johnson

Secretary of State use only

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11/23/2012 05:00
CK: 99572 CT: 276536 BH: 1348719
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