



0004448935

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004448935

Date Filed: 10/27/2021 4:17:41 PM

Certificate of Organization Limited Liability Company							
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)						
1. Limited Liability Company Name							
Type of Limited Liability Company	Limited Liability Company						
Entity name	MEDICAL CREDENTIALING PLUS LLC						
2. The complete street address of the principal office is:							
Principal Office Address	4155 SHOSHONE AVE ISLAND PARK, ID 83429						
3. The mailing address of the principal office is:							
Mailing Address	PO BOX 131 ISLAND PARK, ID 83429-0131						
4. Registered Agent Name and Address							
Registered Agent	Registered Agent CHARLENE FRAIL-MCGEEVER Physical Address: MED CRED PLUS OWNER 4155 SHOSHONE AVE ISLAND PARK, ID 83429 Mailing Address: PO BOX 131 ISLAND PARK, ID 83429-0131						
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.							
5. Governors							
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>CHARLENE FRAIL-MCGEEVER</td><td>MED CRED PLUS OWNER 4155 SHOSHONE AVE ISLAND PARK, ID 83429</td></tr><tr><td>JAMES MCGEEVER</td><td>4155 SHOSHONE AVE ISLAND PARK, ID 83429</td></tr></tbody></table>		Name	Address	CHARLENE FRAIL-MCGEEVER	MED CRED PLUS OWNER 4155 SHOSHONE AVE ISLAND PARK, ID 83429	JAMES MCGEEVER	4155 SHOSHONE AVE ISLAND PARK, ID 83429
Name	Address						
CHARLENE FRAIL-MCGEEVER	MED CRED PLUS OWNER 4155 SHOSHONE AVE ISLAND PARK, ID 83429						
JAMES MCGEEVER	4155 SHOSHONE AVE ISLAND PARK, ID 83429						
Signature of Organizer:							
CHARLENE FRAIL-MCGEEVER	10/27/2021						
Sign Here	Date						

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