



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

2012 NOV 19 AM 9:12

1. The name of the limited liability company is:

Doctor Recommended LLC.

SECRETARY OF STATE
STATE OF IDAHO

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

319 FRASURE GRADE

(Street Address)

KAMIAH, ID 83536

(Mailing Address, if different than street address)

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

Guy Wilson

(Name)

319 FRASURE GRADE KAMIAH, ID 83536

(Street Address)

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

Name

Address

DR. Guy Wilson

319 FRASURE GRADE KAMIAH, ID 83536

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

319 FRASURE GRADE KAMIAH, ID 83536

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Guy Wilson

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/19/2012 05:00

CK: 20560499370 CT: 276392 DH: 1348181
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