



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 SEP -5 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NeuroMediation Group LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

6126 W. State Street, Suite 303, Boise, ID 83703

(Street Address)

(Mailing Address, if different)

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

Carol Barkes, CPM

6126 W. State Street, Suite 303, Boise, ID 83703

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Carol Barkes, CPM

6126 W. State Street, Suite 303, Boise, ID 83703

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

6126 W. State Street, Suite 303, Boise, ID 83703

(Address)

Signature of organizer(s).

Printed Name: Carol Rodriguez

Signature:

Carol Rodriguez

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/05/2018 05:00

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