



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 27 AM 8:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HOUSE DOCTOR L.L.C

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

3117 E. 97 S.
(Street Address)

IDAHO FALLS ID 83406
(Mailing Address, if different than street address)

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

Brian Wolfe 3117 E. 97 S.
(Name) (Street Address)
IDAHO FALLS ID 83406

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

| Name | Address |
|-----------------------|---|
| <u>PATRICIA WOLFE</u> | <u>3117 E 97 S IDAHO FALLS ID 83406</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

3117 E 97 S IDAHO FALLS ID 83406

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Brian Wolfe
Typed Name: Brian Wolfe

Signature Patty Wolfe
Typed Name: Patty Wolfe

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Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
04/27/2009 05:00
CK: 1012 CT: 236490 BH: 1167752
1 @ 100.00 = 100.00 ORGAN LLC # 2

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