



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2018 JAN 16 AM 10:09**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**MB Health Solutions 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:

**735 W 25 S Blackfoot ID 83221**

(Street Address)

(Mailing Address, if different)

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

**Max Barney**

**735 W 25 S Blackfoot ID 83221**

(Name)

(Address cannot be a post office box or postal mail box.)

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

**Max Barney**

**735 W 25 S Blackfoot ID 83221**

(Name)

(Address)

**Alysa Barney**

**735 W 25 S Blackfoot ID 83221**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**735 W 25 S Blackfoot ID 83221**

(Address)

Signature of organizer(s).

Signature: \_\_\_\_\_

Printed Name: **Max Barney**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**01/17/2018 05:00**

CK:1638306 CT:351115 BH:1621492

1@ 100.00 = 100.00 ORGAN LLC #2

**W 195047**