## FILED EFFECTIVE

| CERTIFICATE OF ORGALIMITED LIABILITY C (Instructions on back of app  | olication) STATE OF IDAHO                                       |
|--|---|
| The name of the limited liability company  |   |
| Trinity MedScl   | Consulting, LLC   |
| 2. The complete street and mailing addresse  | s of the initial designated/principal office:                   |
| 626 Meadowview Drive, Sagle, Idaho 83860   | , ,   |
| (Street Address)   |   |
| (Malling Address, if different than street address)  |   |
| 3. The name and complete street address of   | the registered agent;   |
|  | eadowview Drive, Sagle, Idaho 83860 (County of Bonner)          |
| (Name) (Street   | (Address)   |
| <ol> <li>The name and address of at least one mer<br/>company:</li> </ol>  | mber or manager of the limited liability                        |
| <u>Name</u>  | <u>Address</u>  |
| Julie Shaleen Jurenka 626 M  | leadowview Drive, Sagle, Idaho 83860                            |
|  |   |
|  |   |
| 5. Mailing address for future correspondence   | (аппual report notices):  |
| 626 Meadowview Drive, Sagle, Idaho 83860   | (annual report notices):  |
| 626 Meadowview Drive, Sagle, Idaho 83860   | me registeren agem.   |
| 626 Meadowview Drive, Sagle, Idaho 83860   | the registered agent  |
| 626 Meadowview Drive, Sagle, Idaho 83860  6. Future effective date of filing (optional):   | rized   |
| 626 Meadowview Drive, Sagle, Idaho 83860  5. Future effective date of filing (optional):  Signature of a manager, member or author   | the registered agent  |
| 626 Meadowview Drive, Sagle, Idaho 83860  6. Future effective date of filing (optional):  Signature of a manager, member or authorierson.  | rized Secretary of State use only                               |
| 626 Meadowview Drive, Sagle, Idaho 83860  6. Future effective date of filing (optional):  6. Eignature of a manager, member or authorierson.  6. Eignature  6. Signature  7. Signature  7. Cheyenne Moseley, Assistant | rized  Secretary of State use only  Secretary of State use only |

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