



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 AUG 17 AM 9:24

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MedMAN Partnership, LLC

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

8093 N CORNERSTONE DR. Hayden, ID 83835
(Street Address)

(Mailing Address, if different than street address)

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

BARRY W. FEELY
(Name)

9737 N CIRCLE DR
(Street Address)

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

Name	Address
<u>BARRY W. FEELY</u>	<u>9737 N CIRCLE DR. Hayden ID 83835</u>
<u>JAN M. FEELY</u>	<u>9737 N CIRCLE DR. Hayden ID 83835</u>

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

8093 N CORNERSTONE DR. Hayden ID 83835

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 BARRY W. FEELY
Typed Name: BARRY W. FEELY
208-699-9337

Signature _____
Typed Name: _____

Secretary of State use only

g:\corporations\LLC form\cert_org_llc.phd
Revised 07/2008

IDAHO SECRETARY OF STATE
08/17/2009 05:00
CK: 22339 CT: 239713 BH: 1183126
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W86210