



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

2016 NOV -1 PM 2:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EMP Idaho Twin Falls, LLC

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

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

8686 New Trails Drive Suite 100, The Woodlands, Texas 77381

(Street Address)

(Mailing Address, if different)

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

Corporation Service Company 12550 W. Explorer Suite 100, Boise, ID 83713

(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:

Emergency Medical Plazas of Idaho, LLC 8686 New Trails Drive Ste 100, The Woodlands, TX 77381

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

8686 New Trails Drive Suite 100, The Woodlands, Texas 77381

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: **Patrick J. Martinez, Esq.**

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/01/2016 05:00

CK: PREPAID CT: 1157 BH: 1553379
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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