

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

1000 H 1 19:16

(Instructions on back of application)

1.	The name of the limited liability co	mpany is:	STATE OF CERTAIN
	Wel	liness Screenings, LLC	A STATE OF THE STA
2.	The complete street and mailing ac 4943 NE MLK Jr Blvd., Suite 102, Portla	-	i office:
	(Street Address) PO Box 12269, Portland, OR 97212 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	National Registered Agents, Inc	1423 Tyrell Lane, Boise, ID 83706 (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Preventative Health, LLC	Address PO Box 12269, Portland, OR 9721	^
5.	Mailing address for future correspo	endence (annual report notices):	
6.	Future effective date of filing (optio	nal):	
	nature of a manager, member o		y of State use only
_	nature	Secretar	y or state use only
	ped Name: Ben Wood	627	AHO SECRETARY OF STATE 21/2012 05:00
_	nature	1 <u>0</u> 106.	==
Typ	oed Name:	1 e 28.	00 = 20.00 EXPEDITE C # 3

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