

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OCT 21 AM 8:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Global Health Facilities, LLC

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

1395 NW Main, Blackfoot, Idaho 83221

(Street Address)

(Mailing Address, if different than street address)

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

Gordon D. Arave

(Name)

52 West 215 North, Blackfoot, Idaho 83221

(Street Address)

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

**Name****Address**

Gordon D. Arave

52 West 215 North, Blackfoot, Idaho 83221

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

1395 NW Main, Blackfoot, Idaho 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Gordon D. Arave

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/21/2011 05:00

CK: 29434 CT: 134514 RH: 1295891

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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