



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 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

Gordon D. Arave

Address

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 Gordon D. Arave

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 BH: 1295891
1 e 100.00 = 100.00 ORGAN LLC # 2
1 e 20.00 = 20.00 EXPEDITE C # 3

W 107650