



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 31 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IDAHO FALLS DRUG INSTITUTE LLC

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

3220 MEADOW LANE ARMON ID 83406-7770

(Street Address)

(Mailing Address, if different than street address)

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

LeAnn R Naber

(Name)

3220 MEADOW LANE ARMON ID 83406

(Street Address)

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

Name

Address

LeAnn R Naber

3220 MEADOW LANE ARMON ID 83406

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

3220 MEADOW LANE ARMON ID 83406

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 LeAnn R Naber

Typed Name: LEANN R NABER

Signature _____

Typed Name: _____

Secretary of State use only

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12/31/2008 07:27:08

IDAHO SECRETARY OF STATE
12/31/2009 05:00
CK: 28182612400 CT: 243440 BH: 1201272
1 @ 20.00 = 20.00 EXPEDITE C # 2

IDAHO SECRETARY OF STATE
12/31/2009 05:00
CK: 28183063486 CT: 243440 BH: 1201271
1 @ 100.00 = 100.00 ORGAN LLC # 2

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