



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN 17 PM 12:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cure MS LLC

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

563 Morning Dove Way Marsing ID 83639

(Street Address)

(Mailing Address, if different than street address)

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

Michelle Jacobi

(Name)

563 Morning Dove Way Marsing ID 83639

(Street Address)

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

Name

Address

Michelle Jacobi

563 Morning Dove Way Marsing ID 83639

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

563 Morning Dove Way Marsing ID 83639

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

Michelle Jacobi

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

06/17/2015 05:00

CK:1864 CT:311468 BH:1480269
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

W152834