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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
 2013 OCT 23 AM 10:36

 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

HaleStorm Medical LLC

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

10053 South Marsh Creek Rd, McCammon ID, 83250

(Street Address)

Same

(Mailing Address, if different than street address)

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

Stanley R. Hales

(Name)

10053 South Marsh Creek Rd, McCammon ID, 83250

(Street Address)

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

Name**Address**
Stanley R. Hales
10053 South Marsh Creek Rd, McCammon ID, 83250
Nichole Hales
10053 South Marsh Creek Rd, McCammon ID, 83250

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

8736 Castle Ridge Ave., Las Vegas NV, 89129

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

Signature of a manager, member or authorized person.

Signature

Stanley R. Hales

Signature

Nichole Hales

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/23/2013 05:00
 CK: 2031 CT: 272816 BH: 1395117
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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