

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN 14 AM 8: 38

SECRETARY OF STATE

1. The name of the limited liability	. The name of the limited liability company is:			
	MedLamp LL	C	STATE OF IDAHO	
2. The complete street and mailing	addresses of th	e initial designated	d/principal office:	
201 N 1st 5	- Street Suite 5, Coeur	d'Alene, ID 83814		
(Street Address)			**************************************	
(Mailing Address, If different than street addr	ess)			
3. The name and complete street	•	gistered agent:		
Mara Lorhan	201 N 1st	201 N 1st Street Suite 5, Coeur d'Alene, ID 83814		
(Name)	(Street Address	(Street Address)		
The name and address of at leacompany: Name Mara Lornan		one member or manager of the limited liability Address 201 N 1st Street Suite 5, Coeur d'Alene, ID 83814		
	 			
5. Mailing address for future corre	spondence (annu	al report notices):	v.	
_	Street Suite 5, Coeu			
6. Future effective date of filing (optional):		<i>j</i>		
Signature of organizer(s). (An organize	er is a member, or is			
acting in behalf of a member or members).				
		Secretar	y of State use only	
Signature / Villan		19.00 P	•	
Typed Name: Mara Lorha	an .	et e	<i>3</i>	
Signature		tevised 07/2006 et. org. Bc. PMD tevised 07/2006	IDAHO SECRETARY OF STATE 1/14/2009 05 = 06 1824 CT: 205940 BH: 115226 180.80 = 180.00 ORGAN LLC	
Typed Name:		§ 3 1 0	20.00 = 28.00 EXPEDITE C	