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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 JUL 30 AM 10: 22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Midway Health LLC

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

665 S Woodruff, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Dean Mortimer

(Name)

665 S Woodruff, Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Dean Mortimer

665 S Woodruff, Idaho Falls, Idaho 83401

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

665 S Woodruff, Idaho Falls, Idaho 83401

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 _____

Typed Name: Charles A. Homer

Signature _____

Typed Name: _____

Secretary of State use only

Electronic Filing System
Revised 07/2008

IDAHO SECRETARY OF STATE
07/30/2008 05:00
CK: NONE CT: 12945 BH: 1129379
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W76442