

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 8: 27

| | (Instructions on h | ack of application) | 2814 JUN 18 AN 0-21 |
|--------------------------|---|--|--|
| | · | - | SECRETARY OF STATE |
| | me of the limited liability company is: | | STATE OF IDAHO |
| | f Hr Health L | LC | |
| | omplete street and mailing | | |
| | D Buffalo Trail | , Driggs, 1 | 0 83422 |
| P.O. | 130x 307, Dria | 05, 15 834 | 22 |
| • | g Address, if different than street addre | \$ 5) | |
| 3. The n | ame and complete street a | iddress of the regist | tered agent: |
| <u> </u> | nghia Walker | 780 Pm | falo Trail, Driggs 10 |
| (Name |)) | (Street Address) | 1040 11011 01903 10 |
| | | and the second s | |
| | | st one member or n | nanager of the limited liability |
| comp | any; Name | e same | Address |
| -\0 | son Walker | P.D. Box 20 | 2, briggs, 10 83422 |
| 2112 | CONTROL | 1-10 CON NO | 1) 64 1940 2) 10 00100 |
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| | | 1. | en e |
| _ | g address for future corres | | · |
| F.O | . <i>Box</i> 307, Drigo | 5,10 8342 | |
| 6. Future | e effective date of filing (op | tional): | |
| | o on our of ming (op | | |
| Sionature | of a manager, member | or authorized | |
| person. | | | |
| . . | 1 11: - C 1/2 | ţ | Secretary of State use only |
| Signature | | > [| IDAHO SECRETARY OF STATE |
| Typed Na | mer <u>Cynthia Walker</u> | | 06/18/2014 05:00 CK:1001 CT:298113 BH:14296 |
| Signatur | - Del | | 16 100.00 = 100.00 ORGAN LL |
| Typed Name: Jason Walker | | | w139128 |
| i yped iva | IIIG. JASON WAIKE | | * MIDING |