CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY (Instructions on back of application) -2013 OCT 30 TAM 8: 41 1. The name of the limited liability company is: SECRETARY OF STATE E.B. Puredkin Care, LLC. 2. The complete street and mailing addresses of the initial designated office: 10553 5 Henry Creek, Idahs Falls, In 83406 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: aren Smith 10553 SHenry Creek, I daho Falls, 20 (Street Address) 83406 4. The name and address of at least one member or manager of the limited liability company: Name Address aren mith 10553 S Herry Crak, Ideho Falls, 10 93 406 5. Mailing address for future correspondence (annual report notices): 10553 Stenny Creek, Idaho Falls. ID 83406 6. Future effective date of filing (optional): _ Signature of a manager, member or authorized person. Secretary of State use only Signature / Typed Name: Caren Smith Signature IDAHO SECRETARY OF STATE 10/30/2013 05:00 CK: NO CK # CT: 289128 BH: 1395934 1 @ 198.00 = 100.00 ORGAN LLC # 2 Typed Name: Mark ML_010 II: Rev. 07/2010 30668