



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

MAY 19 PM 3:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BMA2015 LLC

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

999 North Curtis, Suite 205, Boise, Idaho 83706

(Street Address)

(Mailing Address, if different than street address)

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

Jon R. Fishburn, MD

(Name)

999 North Curtis, Suite 205, Boise, Idaho 83706

(Street Address)

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

Name

Leo S. Harf, MD

Address

999 North Curtis, Suite 205, Boise, Idaho 83706

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

999 North Curtis, Suite 205, Boise, Idaho 83706

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Leo S. Harf, MD, Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2015 05:00

CR:31706 CT:20168 BH:1476162
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