



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 NOV 16 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ISMI MEDICAL EQUIPMENT LEASING LLC

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

1605 N 10TH STREET BOISE ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

SCOT SCHEFFEL

(Name)

1605 N 10TH STREET BOISE ID 83702

(Street Address)

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

Name

Address

SCOT SCHEFFEL

1605 N 10TH STREET BOISE ID 83702

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

1605 N 10TH STREET BOISE ID 83702

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

Signature of a manager, member or authorized person.

Signature

Kirk Walton

Typed Name: KIRK WALTON, ESQ.

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/16/2011 05:00
CK: 1101 CT: 264106 BH: 1290219
1 @ 100.00 = 100.00 ORGAN LLC # 2

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