



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 APR 19 PM 3:15  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
**Red Rose Medical LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
**5810 W Ellen's Ferry Dr Boise, ID 83703**

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:  
**Samantha Brown 5810 W Ellen's Ferry Dr Boise, ID 83703**

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:  
**Samantha Brown 5810 W Ellen's Ferry Dr Boise, ID 83703**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):  
**5810 W Ellen's Ferry Dr Boise, ID 83703**

(Address)

Signature of organizer(s).

Signature: *Samantha Brown*

Printed Name: Samantha Brown

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/19/2016 05:00

CK: 3788314 CT: 172099 BH: 1524369

1@ 100.00 = 100.00 ORGAN LLC #2

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