## FILED EFFECTIVE

2011 SEP. -9 AM 11: 55

251

SECRETARY OF STATE
STATE OF TOAHO



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on bac	ck of application)
1,	The name of the limited liability company is:  Curran Medical Consulting, LLC:	
2,	The complete street and mailing addresses of the initial designated/principal office:	
	208 Broadway Blvd., Ketchum, Idaho 8	3340
	(Street Address) PO Box 6438, Ketchum, Idaho 83340	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent;	
	Bonni L. Curran	208 Broadway Blvd., Ketchum, Idaho 83340
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Bonni L. Curran	208 Broadway Blvd., Ketchum, toaho 83340
5.	Mailing address for future correspondence PO Box 6438, Ketchum, Idaho 83340	ondence (annual report notices):
፟.	Future officitive date of filling (optio	٠(١٥٠)٠
	nature of a manager, member o	r authorized
		Secretary of State use only
_	nature	
Тур	ed Name: Bonff L. Curren, Member	
Sign	nature	
Тур	ed Name:	·

IDAHO SECRETARY OF STATE

@9/@9/2011 @5:@6

CK: 780418 CT: 172899 BH: 1289796
1 @ 100.08 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3