

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 2012 OCT -2 AM 9: 02

1.	The name of the limited liability co	ompany is: Si U Medical Services, LLC	ECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:		
	18 North Ridge Way Jerome, II	83338	
	(Street Address) 1096 N Eastland Drive Suite 200 Twin Falls, ID 83301		
	(Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Johnny Urrutia	18 North Ridge Way	Jerome, ID 83338
	(Name)	(Street Address)	
The name and address of at least one member or manager of the limite company: Name Address			
	<u>Name</u>	40 North Didge 18/acc	
	Johnny Urrutia	18 North Ridge Way	Jerome, ID 83338
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<u>_</u>	NA-Way and door of the first way and the		ut matinga);
5.	Mailing address for future correspondence (annual report notices):		
	1096 N Eastland Drive Suite 200 Twin Falls, ID 83301		
6.	Future effective date of filing (optional):		
_	nature of a manager, member of	or authorized	
per	son.		Secretary of State use only
Sia	nature And Mel		
_	ped Name: Johnny Urutia		
- 26			
Sia	nature	5	IDAHO SECRETARY OF STATE
_	ped Name:		10/02/2012 05:00 CK: 1576 CT: 170835 BH: 1342060
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