



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OCT 20 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Mymedtext, LLC

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

2444 Sparrow Loop, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Howard Leffler

(Name)

2444 Sparrow Loop, Post Falls, ID 83854

(Street Address)

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

Name

Address

Howard Leffler

2444 Sparrow Loop, Post Falls, ID 83854

Heather Leffler

2444 Sparrow Loop, Post Falls, ID 83854

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

2444 Sparrow Loop, Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Howard Leffler

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/20/2008 05:00
CK: 189867 CT: 3700 BH: 1140785
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