



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAY 21 AM 8:22

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

INTERMOUNTAIN WOUND CARE ASSOCIATES LLC

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

1951 Bench Rd Pocatello Idaho 83201
(Street Address)

(Mailing Address, if different than street address)

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

Michael Baker 1951 Bench Rd Pocatello Id 83201
(Name) (Street Address)

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

DR. MICHAEL BAKER 1951 Bench Rd Pocatello 83201
Name Address

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

1951 Bench Rd Pocatello Idaho 83201 (Suite B)

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:

Michael Baker

Signature

Typed Name:

Secretary of State use only

IdahoLLC form 1001, org. 10.01.08
Revised 07/2008

IDAHO SECRETARY OF STATE
05/21/2009 05:00
CK: 424 CT: 237296 DN: 1171398
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