



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUN -8 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

medical grade llc

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

284 washington st north twin falls, idaho 83301

(Street Address)

284 washington st north twin falls, idaho 83301

(Mailing Address, if different than street address)

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

allen nagel

(Name)

284 washington st north twin falls, idaho 83301

(Street Address)

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

Name

Address

allen nagel

284 washington st north twin falls, id 83301

stephanie nagel

284 washington st north twin falls, id 83301

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

284 washington st north twin falls, id 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: allen nagel

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
06/08/2012 05:00
CK: 6199 CT: 257797 BH: 1327486
1 E 100.00 = 100.00 ORGAN LLC # 2

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