



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 AUG -1 PM 3:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Ataraxis Coordinators, LLC

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

600 N Curtis Rd, Suite 101, Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Stephen Cilley

(Name)

600 N Curtis Rd, Suite 101, Boise, ID 83706

(Street Address)

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

**Name**

**Address**

Ataraxis, Inc.

600 N Curtis Rd, Suite 101, Boise, ID 83706

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

600 N Curtis Rd, Suite 101, Boise, ID 83706

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Stephen Cilley

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/01/2013 05:00  
CK: 3020 CT: 285972 BH: 1384499  
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