



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 NOV -7 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mirgen Pharmaceutical, LLC

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

12554 W. Bridger Street, Suite #120, Boise, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

Maria Tomas McElliott

(Name)

12554 W. Bridger Street, Suite #120, Boise, ID 83713

(Street Address)

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

Name

Address

Maria Tomas McElliott

12554 W. Bridger Street, Suite #120, Boise, ID 83713

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

Mirgen Pharmaceutical, LLC, 12554 W. Bridger Street, Suite #120, Boise, ID 83713

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Maria Tomas McElliott

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/07/2012 05:00
CK: 1189867 CT: 172099 BH: 1346823
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