



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 23 AM 9: 53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IDAHO HEALTH GUIDE LLC

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

GREG HUFF

(Name)

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

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

Name

GREG HUFF

Address

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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: GREG HUFF

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/23/2009 05:00
CK: 1067 CT: 193065 BH: 1158103
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