

251



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 OCT 17 PM 2:16

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LAXMI GF LLC

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

444 HOSPITAL WAY SUITE 607 POCATELLO ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

NIDA MANNAN

(Name)

444 HOSPITAL WAY STE 607 POCATELLO ID 83201

(Street Address)

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

**Name****Address**SHIFA TWIN FALLS LLC444 HOSPITAL WAY STE 607 POCATELLO ID 83201MMUSA TWIN FALLS LLC444 HOSPITAL WAY STE 607 POCATELLO ID 83201LVV INVESTMENTS LLC3712 140TH AVENUE NE BELLEVUE WA 98005KIMBERLITE HOLDINGS LLC5692 E SAGEWOOD DRIVE IDAHO FALLS ID 83406BEDSTEFAR LLC8324 E 150TH PL THORNTON CO 80602

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

444 HOSPITAL WAY STE 607 POCATELLO ID 83201

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

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: FAHIM RAHIM

Signature \_\_\_\_\_

Typed Name: NAEEM RAHIM

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/17/2013 05:00  
CK: 1584854 CT: 172899 BH: 1394383  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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