



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 NOV 25 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Emergency Medicine Academy LLC

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

2215 N 34<sup>th</sup> ST Boise ID 83703  
(Street Address)

(Mailing Address, if different than street address)

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

Zach Brown  
(Name)

2215 N 34<sup>th</sup> ST Boise ID 83703  
(Street Address)

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

**Name**

**Address**

Zach Brown

2215 N 34<sup>th</sup> ST Boise ID 83703

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

2215 N 34<sup>th</sup> ST Boise ID 83703

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

Signature of a manager, member or authorized person.

Signature Zach Br  
Typed Name: \_\_\_\_\_

Signature Justin Raney  
Typed Name: Justin Raney

Secretary of State use only

IDAHO SECRETARY OF STATE

11/25/2014 05:00

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