

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 SEP 28 PH 3:53

	(instructions on back	SECRETARY OF STAT	-
1.	The name of the limited liability con	mpany is: STATE OF IDAHO	E
	Healthcare Certified Emergency M		
2.	The street address of the initial regis	istered office is:	- .
	6310 Butte St. Boise, ID 83704		
			-
	and the name of the initial registered	d agent at the above address is:	
	Deborah Drake		.
3.	The mailing address for future correspondence is:		
	16 Stardust Ln. Garden Valley, I	D 83622	
4.	The limited liability company will be:		-
	Manager-managed or Member	er-managed (please check the appropriate box)	
5.	If manager-managed, list the name(s) and address(es) of at least one initial manager.		
	If member-managed, list the name(s	s) and address(es) of at least one initial member.	•
	Name	Address	
	Deborah Drake	6310 Butte St. Boise, ID 83704	
	David Drake		• ,
	David Diane	16 Stardust Ln. Garden Valley, 83622	• .
			•
			•
6.	Signature of at least one person resp	sponsible for forming the limited liability company:	
•			
	Signature:	Secretary of State use only	
	yped Name: David Drake	- Trugger	
(Capacity: Member	W67150	
ç	Sianature	IDAHO SECRETARY OF ST	IATE 5 = 0
	Signature	CX: 1121 CT: 218977 RH:	18788 W LLC
	Capacity:	- Real	
		1.76	