



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 MAY 20 AM 10:27

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Professional Medical Associates, PLLC

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

3360 Washington Pkwy, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Dallas Rindfleisch

(Name)

3360 Washington Pkwy, Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Dallas Rindfleisch

3360 Washington Pkwy, Idaho Falls, ID 83404

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

3360 Washington Pkwy, Idaho Falls, ID 83404

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: medicine

Signature of a manager, member or authorized person.

Signature

Typed Name: Dustin W. Manwaring, Esq.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/20/2013 05:00
CK: 1405685 CT: 172099 BH: 1374578
1 @ 100.00 = 100.00 PROF LLC # 2

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