

Printed Name:

Signature: ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDANO

| | | | ALLIA AL INVILIA |
|--|--|---|--------------------------------|
| 1. | The name of the professional limited liability company is: Bee Happy Pediatrics PLLC | | |
| | | | |
| | | | |
| 2. | The complete street and mailing addresses of the principal office is: 1575 Fall River Road, Idaho Falls, ID 83401 | | |
| | | | |
| | (Street Address) | | |
| | (Mailing Address, if different) | | |
| 3. | Name and street address of registered agent in Idaho: | | |
| | Deborah Hill | 1575 Fall River Road, Idaho Falls, ID 83401 | |
| | (Name) | (Address) | |
| 4. | The name and address of at least one governor of the limited liability company: | | |
| | Deborah Hill | 1575 Fall River Road, Idaho Falls, ID 83401 | |
| | (Name) | (Address) | |
| | | | |
| | (Name) | (Address) | |
| | | | |
| | (Name) | (Address) | |
| 5. | Mailing address for future correspondence (annual report notices): | | |
| | 1575 Fall River Road, Idaho Falls, ID 83401 | | |
| | (Address) | | |
| | | | |
| 6. | 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: | | |
| | N | Nursing | |
| | | | |
| | | | Secretary of State use only |
| 7. | | | |
| Printed Name: Steven R. Parry, Organizer | | | 10/16/2017 05:00 |
| | | | CK:15582 CT:335207 BH:1607467 |
| Sig | inature: Loun ! | any | 10 100.00 = 100.00 PROF LLC #2 |
| | | 0 | |

Rev. 08/2015