

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 MAR -8 PM 2:20
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Unity Health Center, PLLC

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

13960 W. Wainwright, Boise, Idaho 83713

(Street Address)

(Mailing Address, if different than street address)

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

Bonnie Carns

(Name)

13960 W. Wainwright, Boise, Idaho 83713

(Street Address)

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

Name

Address

Bonnie Carns

13960 W. Wainwright, Boise, Idaho 83713

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

13960 W. Wainwright, Boise, Idaho 83713

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: The practice of medicine and rendering medical services.

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: Brian C. Larsen

Signature _____

Typed Name: _____

Secretary of State use only

W91310

IDAHO SECRETARY OF STATE
03/08/2010 05:00
CK: 120206 CT: 1177 BN: 1211564
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