



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

08 OCT -3 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

FILE
EFFECTIVE

(Instructions on back of application)

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

PRIMARY CARE DERMATOLOGY ASSOCIATION PLLC

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

DR DAVID BOWMAN

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Name)

(Street Address)

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

Name

Address

DR DAVID BOWMAN

329 S WOODRUF AVE IDAHO FALLS ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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: MEDICAL

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: DR DAVID BOWMAN

Signature _____

Typed Name: _____

Secretary of State use only

Professional LLC formation form, 9/11/03, 9/12/08

IDAHO SECRETARY OF STATE
10/03/2008 05:00
CK: 1196 CT: 238277 BH: 1138657
1 @ 100.00 = 100.00 PROF LLC # 2

W78134