



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL 18 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Heather Ellsworth, M.D. LLC

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

830 Grace Drive West

(Street Address)

Twin Falls, Idaho 83301

(Mailing Address, if different than street address)

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

Heather Ellsworth, M.D.

(Name)

830 Grace Drive West, Twin Falls, ID 83301

(Street Address)

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

Name

Heather Ellsworth, M.D.

Address

830 Grace Drive West, Twin Falls, ID 83301

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

830 Grace Drive West, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Heather Ellsworth

Typed Name: Heather Ellsworth

Signature _____

Typed Name: _____

Secretary of State use only

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07/18/2013 05:00
CK: 105 CT: 285434 BH: 1382583
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