



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 SEP 30 AM 8:38

(Instructions on back of application)

 SEC. OF STATE
STATE OF IDAHO

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

Keith Davis M.D. P.L.L.C

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

113 South Apple, Shoshone, Idaho 83352

(Street Address)

(Mailing Address, if different than street address)

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

Penelope Parker

(Name)

320 Main Ave North, Twin Falls, ID 83301

(Street Address)

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

Name
Address
Keith Davis M.D.
113 South Apple, Shoshone, Idaho 83352

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

113 South Apple, Shoshone Idaho 83352

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 services

Signature of a manager, member or authorized person.

Signature

 Typed Name: Keith Davis M.D.

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/30/2014 05:00

CK:9366 CT:301667 BH:1443362

1@ 100.00 = 100.00 PROF LLC #2

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