



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2014 SEP 30 AM 8:38

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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

Keith Davis M.D. PLLC

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

Keith Davis M.D.

Address

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 Keith E Davis M.D.

Typed Name: Keith Davis M.D.

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAMO SECRETARY OF STATE

09/30/2014 05:00

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