

Printed Name:,

Printed Name:

Signature:

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

2017 FEB -6 PH 3 25 SECRETARY OF STATE

1.	The name of the professional limited liability company is:  High Mountain Critical Care, PLLC		
2.	The complete street and mailing addresses of the principal office is:  46 W. Stone Path Ln., Eagle, ID 83616  (Street Address)		
,	(Mailing Address, if different)		
3.	Name and street address of registered agent in Idaho:		
	Chad F. Colvin	46 W. Stone Path Ln., Eagle, ID 83616	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Chad F. Colvin	46 W. Stone Path Ln., Eagle, ID 83616	
	(Name)	(Address)	
	(Name)	(Address)	· · · · · · · · · · · · · · · · · · ·
	(Name)	(Address)	
3.	Mailing address for future correspondence (annual report notices):		
	46 W. Stone Path Ln., Eagle, ID 83616		
	(Address)	910, 10 00010	
6.	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:		
	Medicine		
		Γ	Secretary of State use only
7.	Signature of a manager, m	ember, or an organizer.	<u>.</u>
	Chad F. Colvin	ļ	

Rev. 08/2016

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