

Signature: \_

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2017 SEP -6 PN 12: 53

W188201

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in dual

SECRETARY OF STATE STATE OF IDAHO

	Complete and submit the application in <u>duplicate</u> .		
1.	The name of the professional limited liability company is: Adam M. Robison, MD, PLLC		
2.	The complete street and mailing addr 796 Sun Peak Way, Twin Falls (Street Address)		s:
	Oxiden Address, a different		
3.	Name and street address of registered agent <u>in Idaho</u> :		
	Adam M. Robison, M.D.	796 Sun Peak Way, Twin Falls, ID 83301	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Adam M. Robison, M.D.	796 Sun Peak Way, Twin Falls, ID 83301	
	(Name)	(Address)	
	(Name)	(Address)	
	(Fl.5cl/c)	paditions.	
5.	Mailing address for future correspondence (annual report notices):		
	796 Sun Peak Way, Twin Falls, ID 83301		
	(Address)		
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:		
	Med	cine	
			Secretary of State use only
7.	Signature of a manager, member, or an organizer.		IDAHO SECRETARY OF STATE
Printed Name: Adam M. Robison, M.D.			09/06/2017 05:00
Signature: 471			CK:14604348 CT:172099 BH:1601580 16 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3
Printed Name:			

Rev. 08/2015