



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 APR 20 AM 10:14

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

24 I COMMUNITY CARE PLLC

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

3544 E 17th Street Suite 201, Idaho Falls, Idaho 83406

(Street Address)

(Mailing Address, if different than street address)

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

Richard K Nebeker

(Name)

3544 E 17th Street Suite 201, Idaho Falls, Idaho 83406

(Street Address)

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

Name

Address

Richard K Nebeker

3544 E 17th Street Suite 201, Idaho Falls, Idaho 83404

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

3544 E 17th Street Ste 201 Idaho Falls ID 83404

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: Medicine

Signature of a manager, member or authorized person.

Signature

Typed Name: Richard K Nebeker

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/20/2015 05:00

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