



0003539445

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0003539445

Date Filed: 6/17/2019 1:13:06 PM

Certificate of Organization Limited Liability Company					
Standard or Expedited Service (select one)	Expedited (+\$20; filing fee \$120)				
1. Limited Liability Company Name Entity name	Northwest Occupational Medicine & Neurosurgical Spine Institute LLC				
2. The complete street address of the principal office is: Principal Office Address	LISA M JOLLIFF 6140 W CURTISIAN AVE STE 400 BOISE, ID 83704				
3. The mailing address of the principal office is: Mailing Address	LISA M JOLLIFF 6140 W CURTISIAN AVE STE 400 BOISE, ID 83704-8907				
4. Registered Agent Name and Address Registered Agent	PAUL J MONTALBANO MD Registered Agent Physical Address 6140 W CURTISIAN AVE STE 400 BOISE, ID 83704 Mailing Address				
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Paul J Montalbano</td><td>6140 W CURTISIAN AVE STE 400 BOISE, ID 83704</td></tr></tbody></table>		Name	Address	Paul J Montalbano	6140 W CURTISIAN AVE STE 400 BOISE, ID 83704
Name	Address				
Paul J Montalbano	6140 W CURTISIAN AVE STE 400 BOISE, ID 83704				
Signature of Organizer: <u>Lisa M Jolliff</u> Sign Here					
<u>06/17/2019</u> Date					
Print & Mail Enclosures					
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included: Payment in the amount of \$100.00 (if expedited, \$120) - checks payable to the Secretary of State, signed and recently dated. This filing form (submit within 30 days) with the required signature(s).					

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