

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT -9 PM 4:09
SECRETARY OF STATE
STATE OF IDAHO

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

Clinical Neuroscience Management PLLC

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

2023 Claremont Drive, Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Givens Pursley Corporate Services

(Name)

601 West Bannock Street, Boise, Idaho 83702

(Street Address)

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

Name

Address

Kenneth Little, MD

2023 Claremont Drive, Boise, ID 83702

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

2023 Claremont Drive, Boise, ID 83702

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: Clint R. Bolinder, Organizer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2012 05:00
CK: 18972 CT: 1626 BH: 1342977
1 @ 100.00 = 100.00 PROF LLC # 2

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