



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

**2015 JUN -8 AM 9:25**

(Instructions on back of application)

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Family Medical Care Clinics, PLLC

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

265 W. Prairie Shopping Center, Hayden, ID 83835

(Street Address)

P.O. Box 38, Hayden, ID 83835

(Mailing Address, if different than street address)

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

John L. Torquato

(Name)

265 W. Prairie Shopping Center, Hayden, ID 83835

(Street Address)

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

Name

Address

John L. Torquato

265 W. Prairie Shopping Center, Hayden, ID 83835

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

P.O. Box 38, Hayden, ID 83835

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: Health Care / Medicine

Signature of a manager, member or authorized person.

Signature

*John L. Torquato*

Typed Name: John L. Torquato

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2015 05:00

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