



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

10 OCT -6 PM 12:18

 SECRETARY OF STATE  
 STATE OF IDAHO

(Instructions on back of application)

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

Synergy Pain Management and Rehabilitation **PLLC**

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

875 E. Plaza Dr. #103 Eagle ID 83616

(Street Address)

PO BOX 434 Eagle ID 83616

(Mailing Address, if different than street address)

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

Stacy Ostler M.D.

(Name)

4744 W. Miners Farm Dr. Boise ID 83714

(Street Address)

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

Name

Address

Stacy Ostler M.D.

4744 W. Miners Farm Dr. Boise ID 83714

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

PO BOX 434 Eagle ID 83616

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

*Stacy Ostler M.D.*

Typed Name: Stacy Ostler M.D.

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
 10/06/2010 05:00  
 CK: 531 CT: 251830 BH: 1242055  
 1 @ 100.00 = 100.00 PROF LLC # 2

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