	CERTIFICATE OF ORGAN PROFESSIONAL LIMITED LIABILITY CON		FILED EFFECTIVE 2014 DEC 22 AM 9: 3	
	(Instructions on back of applicat	on)	SECRETARY OF STATE	
1.	The name of the professional limited liability co	mpany is:	A VINIE UF IDAHO	
Stash Dog, PLLC				
2.	2. The complete street and mailing addresses of the initial designated office:			
	5220 N. Lakemont Ln., Garden City, ID 83714 (Street Address) Same as above. (Mailing Address, if different than street address)			
<ol><li>The name and complete street address of the registered agent:</li></ol>				
		ski, M.D. 5220 N. Lakemont Ln., Garden City, ID 83714 (Street Address)		
	liability company: Name	Name Address		
5. Mailing address for future correspondence (annual report notices): 5220 N. Lakemont Ln., Garden City, ID 83714				
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: <u>Medicine</u>				
Signature of a manager, member or authorized person.				
	CAD PI	I	ecretary of State use only DAHO SECRETARY OF STATE	
Signature <u>Xan</u> <u>urg</u> ( <u>m</u> ) Typed Name: Jeff Dzieczkowski, M.D.			2/22/2014 05:00 30 CT:304373 BH:1453931	
Signature Typed Name:				
i yhe	ou maine,		MUTUT	
			W14565	

252