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# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code  
Base Filing fee: \$100.00

Complete and submit the application in duplicate.

## FILED EFFECTIVE

2015 JUL 17 AM 10:01

SECRETARY OF STATE  
STATE OF IDAHO

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

**Gorilla Fish Healthcare PLLC**

2. The complete street and mailing addresses of the principal office is:

<b>377 Whispering Pine Dr</b>	<b>Twin Falls</b>	<b>ID</b>	<b>83301</b>
(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)

3. Name and street address of registered agent in Idaho:

<b>H. Tyler Larsen</b>	<b>377 Whispering Pine Dr</b>	<b>Twin Falls</b>	<b>ID</b>	<b>83301</b>
(Name)	(Address)	(City)	(State)	(Zipcode)

4. The name and address of at least one governor of the limited liability company:

<b>H. Tyler Larsen</b>	<b>377 Whispering Pine Dr</b>	<b>Twin Falls</b>	<b>ID</b>	<b>83301</b>
(Name)	(Address)	(City)	(State)	(Zipcode)

(Name)	(Address)	(City)	(State)	(Zipcode)
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(Name)	(Address)	(City)	(State)	(Zipcode)
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5. Mailing address for future correspondence (annual report notices):

<b>377 Whispering Pine Dr</b>	<b>Twin Falls</b>	<b>ID</b>	<b>83301</b>
(Address)	(City)	(State)	(Zipcode)

6. 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**

7. Signature of a manager, member, or an organizer.

Printed Name: **H. Tyler Larsen**

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/17/2015 05:00

CK: 3036228 CT: 172099 BH: 1484291  
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