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**CERTIFICATE OF ORGANIZATION      FILED EFFECTIVE**  
**PROFESSIONAL LIMITED**  
**LIABILITY COMPANY**

Title 30, Chapters 21 and 25, Idaho Code  
 Base Filing fee: \$100.00  
 Complete and submit the application in duplicate.

2015 AUG 12 PM 4:21

SECRETARY OF STATE  
STATE OF IDAHO

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

**Robert F. Smith, M.D., PLLC**

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

**124 Coston Street**

(Street Address)

**Boise****ID 83712**

(City)

(State)

(Zipcode)

**Same as Street Address**

(Mailing Address, if different)

(City)

(State)

(Zipcode)

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

**Robert F. Smith, M.D.**

(Name)

**124 Coston Street**

(Address)

**Boise****ID 83712**

(City)

(State)

(Zipcode)

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

**Robert F. Smith, M.D. 124 Coston Street**

(Name)

(Address)

**Boise****ID 83712**

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

**124 Coston Street**

(Address)

**Boise****ID 83712**

(City)

(State)

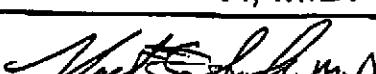
(Zipcode)

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: **Robert F. Smith, M.D.**

Signature: 

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
 08/13/2015 05:00  
 CK:PREPAID CT:39360 BH:1487692  
 1@ 100.00 = 100.00 PROF LLC #2  
 1@ 20.00 = 20.00 EXPEDITE C #3

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