



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

12 MAR 19 AM 9:49

SECRETARY OF STATE
STATE OF IDAHO

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

Cottonwood Family Medicine PLLC

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

100 Cottonwood CT Ste 150

(Street Address)

Eagle ID 83616

(Mailing Address, if different than street address)

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

Kirk Miller MD

(Name)

1417 North 19th Street Boise Idaho 83702

(Street Address)

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

Name

Marcia Dee Price-Miller MD

Address

1417 North 19th Street Boise Idaho 83701

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

100 Cottonwood CT Ste 150
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.

Secretary of State use only

Signature KM

Typed Name: Kirk A Miller MD

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
03/19/2012 05:00
CK: 935622 CT: 172899 BH: 1315698
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