



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2012 JUL -2 AM 9:46

SECRETARY OF STATE
STATE OF IDAHO

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

FIRTH MEDICAL CENTER PLLC

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

114 S. MAIN ST. FIRTH, IDAHO 83236

(Street Address)

(Mailing Address, if different than street address)

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

KATHLEEN SEARLE 521 E. 1250 N. SHELLEY, ID 83274

(Name)

(Street Address)

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

Name	Address
<u>KATHLEEN SEARLE</u>	<u>521 E. 1250 N. SHELLEY, ID 83274</u>

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

521 E. 1250 N. SHELLEY, IDAHO 83274

6. Future effective date of filing (optional): 8-1-12

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: FAMILY NURSE Practitioner/Medicine

Signature of a manager, member or authorized person.

Signature Kathleen Searle

Typed Name: KATHLEEN SEARLE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/02/2012 05:00
CK: 1916 CT: 271979 RH: 1338417
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3