



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

2012 JUL -2 AM 9:46

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

(Name)

521 E. 1250 N. SHELLEY, ID 83274

(Street Address)

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

Name

Address

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

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 BH: 1330417  
 1 @ 100.00 = 100.00 PROF LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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