



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV -6 AM 8:51

SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Physicians Equipment Leasing LLC

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

2034 Addison Ave East

(Street Address)

Twin Falls, Idaho 83301

(Mailing Address, if different than street address)

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

Penelope Parker

(Name)

2034 Addison Ave East Twin Falls, Idaho 83301

(Street Address)

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

**Name**

Mark Wright M.D.

**Address**

401 Gooding Street North Twin Falls Idaho 83301

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

2034 Addison Ave East Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Mark Wright M.D.

Signature

Typed Name:

Secretary of State use only

Idaho Uniform LLC Formation Act, 2006  
Revised 07/2006

IDAHO SECRETARY OF STATE  
11/06/2008 05:00  
CK: 13641 CT: 198212 BH: 1143358  
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