

FILED EFFECTIVE

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2010 SEP 30 PM 4:29



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

NINON GERMAIN M.D., PLLC

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

413 NORTH ALLUMBAUGH, SUITE 101, BOISE, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

NINON GERMAIN M.D.

(Name)

1770 WEST STATE STREET #235, BOISE, ID 83702

(Street Address)

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

NINON GERMAIN M.D.

1770 WEST STATE STREET #235, BOISE, ID 83702

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

1770 WEST STATE STREET #235, BOISE, ID 83702

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

Typed Name: NINON GERMAIN M.D.

Signature

Typed Name:

IDAHO SECRETARY OF STATE
09/30/2010 05:00
CK: 521052 CT: 172099 BH: 1241260
1 @ 100.00 = 100.00 PROF LLC # 2

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