



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

12 MAR 28 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

IDAHO PATHOLOGY LABORATORY PHYSICIANS, PLLC.

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

7069 RUNNING IRON LANE, POCATELLO, IDAHO 83204

(Street Address)

(Mailing Address, if different than street address)

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

KRISTOPHER MCGEE, MD

(Name)

7069 RUNNING IRON LANE, POCATELLO, ID 83204

(Street Address)

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

Name

Address

ROSHAN S PATEL, MD

451 BRASSIE CIRCLE, POCATELLO, ID 83204

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

7069 RUNNING IRON LANE, POCATELLO, ID 83204

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: PATHOLOGY (MEDICINE)

Signature of a manager, member or authorized person.

Signature

Kristopher McGee, MD

Typed Name:

Kristopher McGee, MD

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/28/2012 05:00
CK: 1735 CT: 252001 BH: 1317270
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