

Typed Name: Randy Lowe, DPM

Typed Name: Gary Millward, DPM

Signature ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 NOV 22 AM 8: 23

Instructions on	back of	f application)	,
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1.	The name of the professional limited	liability company is:	SECRET BY OF STATE STATE OF IDAHO		
	Millennium Medic	al Practice Management, PLLC	OF IDAHO		
2.	The complete street and mailing add	resses of the initial designate	ed/principal office:		
	1828 S. Millennium Way, Suite 100, Meridian, Idaho 83642				
	(Street Address)				
	Same (Mailing Address, if different than street address)				
_		ess of the registered agent:			
3.	The name and complete street addre	iss of the registered agent.			
	Randy Lowe, DPM	1828 S. Millennium Way, Ste 100	. Meridian, ID 83642		
	(Name)	(Street Address)			
4.	The name and address of at least or	e member or manager of the	professional limited		
	liability company:				
	<u>Name</u>	Address			
	Randy Lowe, DPM	1828 S. Millennium Way, Ste 100			
	Gary Millward, DPM	1828 S. Millennium Way, Ste 100), Meridian, ID 83642		
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5.	Mailing address for future correspondence (annual report notices):				
	1828 S. Millennium Way, Ste 100, Meridian, Idaho 83642				
6.	Future effective date of filing (options	al): <u>n/a</u>			
	The final desired line with a company in a pro-	fossional company and the r	orincipal profession or		
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: <u>Medic</u>	ine -	<u></u>		
	<u></u>				
Sia	nature of a manager, member or	authorized			
_	son.	. <u> </u>	ary of State use only		
•	1	360161	ary or seems and only		
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