(Instructions on back of application)       SECRETARY 0F STATE OF IDA         1. The name of the professional limited liability company is: BOISE MEDICAL AESTHETICS, PLLC         2. The complete street and mailing addresses of the initial designated office: 4515 W. Long Meadow Dr., Boise, Idaho 83714 (Street Address)         3. The name and complete street address)         3. The name and complete street address of the registered agent: (Name)         4515 W. Long Meadow Dr., Boise, Idaho 83714 (Street Address)         4. The name and address of at least one member or manager of the professional limite liability company: Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714         5. Mailing address for future correspondence (annual report notices): 4515 W. Long Meadow Dr., Boise, Idaho 83714       515 W. Long Meadow Dr., Boise, Idaho 83714         6. Future effective date of filing (optional): professions for which members are duly licensed or otherwise legally authorized to rend professional services is: Medicine       Secretary of State use only         Signature       Stature, frequency, freq	CERTIFICATE OF ORG PROFESSION LIMITED LIABILITY C	AL
2. The complete street and mailing addresses of the initial designated office:     4515 W. Long Meadow Dr., Boise, Idaho 83714     (Street Address)     (Mailing Address, If different than street address)     3. The name and complete street address of the registered agent: <u>Mark Burriesci, M.D.</u> 4515 W. Long Meadow Dr., Boise, Idaho 83714     (Name)     (Name)     4515 W. Long Meadow Dr., Boise, Idaho 83714     (Street Address)     4515 W. Long Meadow Dr., Boise, Idaho 83714     (Street Address)     4515 W. Long Meadow Dr., Boise, Idaho 83714     (Street Address)     Mark Burriesci, M.D.     4515 W. Long Meadow Dr., Boise, Idaho 83714     (Street Address)     Mark Burriesci, M.D.     4515 W. Long Meadow Dr., Boise, Idaho 83714     5. Mailing address for future correspondence (annual report notices):     4516 W. Long Meadow Dr., Boise, Idaho 83714     5. Future effective date of filing (optional):     7. The limited liability company is a professional company, and the principal profession professional services is: Medicine     Signature of a manager, member or authorized person.     Signature of a manager,	(Instructions on back of ap 1. The name of the professional limited liabi	plication) SECRETARY OF STATE OF IDAHC
4515 W. Long Meadow Dr., Boise, Idaho 83714 (Street Address)         (Meiling Address, if different than street address)         3. The name and complete street address of the registered agent: Mark Burriesci, M.D. (Name)         4515 W. Long Meadow Dr., Boise, Idaho 83714         (Street Address)          4. The name and address of at least one member or manager of the professional limiter liability company: Name         Address          Mark Burriesci, M.D. (Name)        Address          Mark Burriesci, M.D. (Name)        Address          Mark Burriesci, M.D. (Name)        Address          Mark Burriesci, M.D. Address          Mark Burriesci, M.D. 4515 W. Long Meadow Dr., Boise, Idaho 83714          5. Mailling address for future correspondence (annual report notices): 4515 W. Long Meadow Dr., Boise, Idaho 83714          6. Future effective date of filing (optional): 	BOISE MEDICAL	
3. The name and complete street address of the registered agent:         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714         (Name)       (Street Address)         4. The name and address of at least one member or manager of the professional limiter liability company:       Address         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714         Stress for future correspondence (annual report notices):       4515 W. Long Meadow Dr., Boise, Idaho 83714         6. Future effective date of filing (optional):	4515 W. Long Meadow Dr., Boise, Idaho 83714	es of the initial designated office:
3. The name and complete street address of the registered agent:         Mark Burriesci, M.D. (Name)       4515 W. Long Meadow Dr., Boise, Idaho 83714 (Street Addrese)         4. The name and address of at least one member or manager of the professional limite liability company:       Addrese         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714	(Mailing Address, if different then street address)	
(Name)       (Street Address)         4. The name and address of at least one member or manager of the professional limite liability company:       Address         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714		the registered agent:
Name       Address         Mark Burriesci, M.D.       4515 W. Long Meadow Dr., Boise, Idaho 83714		
<ul> <li>6. Future effective date of filing (optional):</li></ul>	5. Mailing address for future correspondence	· · · · · · · · · · · · · · · · · · ·
professional services is: Medicine Signature of a manager, member or authorized person. Signature Typed Name: Peter W. Ware, Jr., Organizer Eber & Berlin, Kading, Turnbow & McKlveen, Chtd. 1111 W. Jefferson, Ste. 530	<ul> <li>6. Future effective date of filing (optional):</li> <li>7. The limited liability company is a profession</li> </ul>	
person.       Secretary of State use only         Signature	professional services is: Medicine	
Typed Name:Peter W. Ware, Jr., OrganizerEberåe, Berlin, Kading, Turnbow & McKlveen, Chtd. 1111 W. Jefferson, Ste. 530IDAHO SECRETARY OF STATE	person.	
	Typed Name: Peter W. Ware, Jr., Organizer Eberže, Berlin, Kading, Turnbow & McKlveen, Chtd.	IDAHO SECRETARY OF STATE
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