

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12 APR 25 PM 4:14

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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)

(Mailing 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 limited liability company:

Name

Address

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

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.

Signature _____

Typed Name: Peter W. Ware, Jr., Organizer

Eberle, Berlin, Kading,
Turnbow & McKlveen, Chtd.
1111 W. Jefferson, Ste. 530
Boise, ID 83702

Secretary of State use only

IDAHO SECRETARY OF STATE
04/25/2012 05:00
CK: 97679 CT: 20168 BH: 1321448
1 @ 100.00 = 100.00 PROF LLC # 2

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