



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 JUN 16 PM 3:21

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Davis Emergency Medicine, PLLC

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

3645 Cartwright Rd., Boise, ID, 83714

(Street Address)

(Mailing Address, if different than street address)

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

United States Corporation Agents, Inc.

(Name)

950 Bannock Street, Suite 1100, Boise, ID, 83702

(Street Address)

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

Name

Robert L Davis

Address

3645 Cartwright Rd., Boise, ID, 83714

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

c/o: 3645 Cartwright Rd., Boise, ID, 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: Cheyenne Moseley, Legalzoom.com, Inc.

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/16/2016 05:00

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