

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 HAR 27 AM 9 07

(Instructions on back of application)

		FOREINIS OF SIM
1. The na	ne of the limited liability company is:	STATE OF IDAHO
<u></u>	TARLIGHT MEDICAL LASER LLC	
2. The co	nplete street and mailing addresses of the initial designated office:	
(Street A	Idress) Oise Idaho 83702 Idress, if different than street address)	
(Mailing	ddress, if different than street address)	
3. The na	ne and complete street address of the registered agent:	
(Name)	ton MALLARI, M.D. 115 W. MAIN St. Suite 10 (Street Address) BoisE, ID) <u>2</u> 83702
4. The na compa	me and address of at least one member or manager of the limited lia y:	bility
	Name Address	
MEL	inda MALLARI 1946 PARKER Rd.	
	Hinckley, DH 41	1233
<u></u>		
IWAY	YKENT MALLARI 970 N. Hiltonhead L Eagle, FD 83616	ung
·=	Eagle, +D 83616	2
	V	
F 84 - 15		
	address for future correspondence (annual report notices):	1 835
115	U. MAIN St. suite 102, BoisE, Ide	tho 83/02
6. Future	effective date of filing (optional):	
Signature person.	of a manager, member or authorized	
	Secretary of State use	only
Signature_	Cleuton Mallari Mo e: Clinton MALLARI, M.D.	
Typed Nam	e: Clinton MALLARI, M.D.	
	IDANO SECRE	TARY OF STATE
	93/27/21 CK: 384 CT: 17	
Typed Nam	1 9 199.08 = 190	.90 GRGAN LLC # 2

cert_org_lic Rev. 07/2010

WL12454