

Printed Name: \_

Signature: \_

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

2015 OCT 27 AH 8: 50

SECRETARY OF STATE

1.	The name of the professional limited liability company is:		STATE OF TOARIOTE	
	JHHR Medical Associate	s, PLLC		
2.	The complete street and mailing addresses of the principal office is: 795 Morning Sun Drive, Twin Falls, ID 83301			
				(Street Address)
	(Mailing Address, if different)			
	3.	lame and street address of registered agent <u>in Idaho</u> :		
James Rao		795 Morning Sun Drive, Twin Falls, ID 83301		
(Name)		(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	James Rao	795 Morning Sun Drive, Twin Falls, ID 83301		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	795 Morning Sun Drive, Twin Falls, ID 83301			
	(Address)			
6.	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	豆	
			Secretary of State use only	
7.	Signature of a manager, member, or an organizer.		IDAHO SECRETARY OF STATE	
<b></b>	James Rao		10/27/2015 05:00	
<b>ال</b> ال	nted Name:		CK:2678 CT:316125 BH:1497956 16 100.00 = 100.00 PROF LLC #2	

Rev. 08/2015

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