FILED EFFECTIVE

252

Typed Name:

CERTIFICATE OF ORGANIZATION PROFESSIONAL 09 JUN 16 AM H: 43

(instruct	ions on back of ap	STATE OF IDAHO
The name of the profe	ssional limited liabi	lity company is:
	Allied Imaging C	Consultants, PLLC
The complete street an	-	es of the initial designated/principal office: loscow ID 83843
(Street Address)	PO Box 9105,	Moscow ID 83843
(Mailing Address, If different the		
The name and complet	e street address of	the registered agent:
James L Westbe	rg	401 E. Veztch Street, Moscow ID 83843
(Name)	(Stre	eet Address)
Christopher S. Rels	enauer	PO Box 9105, Moscow ID 83843
Mailing address for futu		e (annual report notices): Moscow ID 83843
Future effective date of	filing (optional): _	·
The limited liability con professions for which m professional services is	embers are duly lice	onal company, and the principal profession or ensed or otherwise legally authorized to render practice of medicine
gnature of an organizer(s is acting in behalf of a require members).	 (An organizer is a new and existing, initial) 	member, Secretary of State use only
gnature Samue C	A To allan	N De la companya de l
	mes L. Westberg	TRANS SERVICES OF STATE
yped Name(\		1 198