E to D	(Instructions on bac	section) SECRETARIL CHISTATE STATE OF IDAHO
	he name of the limited liability co	Simpany is.
-	Medical Professional Advocacy Group I	
:	he complete street and mailing a 3150 E Kit Lane Idaho Fails, ID 83401 (Street Address)	addresses of the initial designated office:
((Mailing Address, if different than street address)	5)
3. TI	he name and complete street ad	dress of the registered agent:
	Amanda Bartlett	3150 E Kit Lane Idaho Falls, ID 83401
	(Name)	(Street Address)
-	Amanda Bartlett Derek Coumpbell	3150 E Kit Lane Idaho Falls, ID 83401 0027 <u>61en Eagles Uahofalls, ID 8</u> 340
-		
	•	bondence (annual report notices):
3	150 E Kit Ln Idaho Fall	ls ID 83401
3	150 E Kit Ln Idaho Fall	
3 <u>-</u> 6. Fi Signa perso	uture effective date of filing (optionation of a manager, member of a	Is ID 83401 ional): or authorized Secretary of State use only
3 6. Fi Signa perso Signa	uture effective date of filing (optionation of a manager, member of	1s ID 83401 ional): or authorized Utility IDAHO SECRETARY OF STATE 12/16/2014 CK:547202 CT:303992 BH:145
3 6, Fi Signa perso Signa Typeo Signa	uture effective date of filing (optionature of a manager, member of a ma	1s ID 83401 ional): or authorized ULHL IDAHO SECRETARY OF STATE 12/16/2014 CK:547202 CT:303992 BH:145 1@ 100.00 IDAHO SECRETARY OF STATE

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