



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

11 AUG -8 AM 9:21

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

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

McKinlay Sports Medicine PLLC

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

255 S. 20<sup>th</sup> Ave Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Matthew Lane McKinlay

(Name)

255 S. 20<sup>th</sup> Ave Pocatello, ID 83201

(Street Address)

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

**Name**
**Address**

Matthew Lane McKinlay

255 S. 20<sup>th</sup> Ave, Pocatello ID, 83201

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

255 S. 20<sup>th</sup> Ave Pocatello, ID 83201

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 M96

Typed Name: Matthew Lane McKinlay

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 08/08/2011 05:00  
 CK: 4535 CT: 221903 BH: 1205641  
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