

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

LIMITED LIABILI	ITY COMPANY	2012 DEC 31 PM 12: 38
(Instructions on back of application)		SECRETARY OF STATE STATE OF IDAHO
1. The name of the professional limited liability company is:		OTATE OF IDAHO
	NE'S WALK IN CLINIC PLLC	
2. The complete street and mailing ac	ddresses of the initial design	nated office:
680 Sun Valley Road #8, Ketchum, ID 8	33340	nates office.
(Street Address) PO Box 10155, Ketchum, ID 83340 (Malling Address, if different than street address)		
•		
The name and complete street add	ress of the registered agen	t:
Caroline Cogen, ARNP 680 Sun Valley Road #8, Ketchum, ID 83340		chum, ID 83340
,,	(Street Address)	
 The name and address of at least of liability company: 	one member or manager of	the professional limited
Name Carolina Caras ARNO		<u>968</u>
Caroline Cogen, ARNP	PO Box 10155, Ketchum, ID 8	33340
Mailing address for future correspon	idence (annual report notice	<i>is)</i> .
PO Box 10155, Ketchum, ID 83340	, , , , , , , , , , , , , , , , , , , ,	. •).
6. Future effective date of filing (options	al):	
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7. The limited liability company is a pro professions for which members are duprofessional services is: nursing	illy licensed or otherwise legs	principal profession or
professional services is: nursing		any authorized to lender
Signature of a manager, member or a	authoria d	and the second s
person.	utilonzed	
	Secr	etary of State use only
Signature		
Typed Name: John A. Seiller, Attorney at Law		
Signature		
Typed Name.		
	4.5	IDAHO SECRETARY OF STATE
cert org pilo	p.pmd Rev. 07/2010 CK: 12:	/31/2012 05:00 39072 CT: 172099 BH: 1353524

1 0 100.00 = 100.00 PROF LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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