

FILED EFFECTIVE

251



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB 20 PM 2:24

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

North End Psychiatry LLC

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

1423 W Franklin Street, Boise, Idaho 83702

(Street Address)

(Mailing Address, if different than street address)

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

Christopher T. Clancy, MD

(Name)

1423 W Franklin Street, Boise, Idaho 83702

(Street Address)

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

**Name****Address**

Christopher T. Clancy, MD

1423 W Franklin Street, Boise, Idaho 83702

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

1423 W Franklin Street, Boise, Idaho 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Christopher T. Clancy, MD

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/20/2013 05:00  
CK: 131410 CT: 1177 BH: 1361010  
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