



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG -5 PM 4:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Molly Armito, M.D., L.L.C.

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

4014 Morningwind Ave Boise, ID 83706
(Street Address)

(Mailing Address, if different than street address)

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

Molly Armito, M.D.
(Name)

(AS ABOVE)
(Street Address)

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

Name	Address
<u>Molly Armito, M.D.</u>	<u>(AS ABOVE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

(AS ABOVE)

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature] M.D.
Typed Name: MOLLY ARMITO, M.D.

Signature _____
Typed Name: _____

Secretary of State use only

W76651

IDAHO SECRETARY OF STATE
08/05/2008 05:00
CK: 2316 CT: 228562 BH: 1138414
1 @ 100.00 = 100.00 ORGAN LLC # 2